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CBHSQ DATA REVIEW

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Past Year Mental Disorders among Adults in the United States: Results from the 2008-2012 Mental Health Surveillance Study

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Abstract

The National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), is one of the primary sources of data for population-based estimates of mental health indicators in the United States. From 2008 to 2012, SAMHSA conducted the Mental Health Surveillance Study (MHSS) clinical study, in which clinicians administered semistructured diagnostic interviews to a subsample of NSDUH adult respondents to assess the presence of selected mental disorders. The MHSS clinical study was primarily designed for use in the development of a statistical model to apply to the full NSDUH sample that would generate estimated percentages of serious mental illness among civilian, noninstitutionalized adults aged 18 years or older at national and state levels. In addition, data from the MHSS clinical study also can be used to estimate the percentage and number of adults affected by each specific mental disorder. This report provides the first release of national estimates of specific mental disorders based on these clinical interviews, both for all civilian, noninstitutionalized adults as well as by sociodemographic characteristics such as age and gender. Specific disorders covered include mood disorders (major depressive disorder, bipolar I disorder, and/or dysthymic disorder), anxiety disorders (posttraumatic stress disorder, panic disorder with and without agoraphobia, agoraphobia without history of panic disorder, social phobia, specific phobia, obsessive compulsive disorder, and/or generalized anxiety disorder), eating disorders (anorexia nervosa and/or bulimia nervosa), substance use disorders (alcohol abuse, alcohol dependence, illicit drug abuse, and/or illicit drug dependence), intermittent explosive disorder, adjustment disorder, as well as psychotic symptoms (delusions and/or hallucinations).

1. Introduction

The National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), is one of the primary sources of data for population-based prevalence estimates of substance use and mental health indicators in the United States. The NSDUH interview includes several self-administered indicators of mental health, such as assessments of lifetime and past year major depressive episode (MDE), past month and past year general psychological distress and associated functional impairment, as well as past year suicidality. Additionally, from 2008 to 2012, SAMHSA conducted the Mental Health Surveillance Study (MHSS), in which clinicians administered semistructured diagnostic interviews to a subsample of NSDUH adult respondents to assess the presence of selected mental disorders. The purpose of this clinical data collection was to use the data to develop statistical models that would provide national and state estimates of serious mental illness (SMI).

Public Law No. 102-321, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992, established a block grant for states within the United States to fund community mental health services for adults with SMI. The law required states to include prevalence estimates in their annual applications for block grant funds. This legislation also required SAMHSA to develop a definition for the term "adults with SMI." SAMHSA defined adults with SMI as individuals aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR),[1] that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities. For more details, see Section B.4.3 in Appendix B of the 2012 mental health findings report.[2] The MHSS clinical data were used in the development of a statistical model to apply to the full NSDUH sample that would generate estimates of the annual percentage of adults aged 18 or older who have SMI at national and state levels.

Even though the original intent of the 2008-2012 MHSS clinical study was to assist in the development of a model for the NSDUH to yield model-based estimates of SMI among adults,[3] these data can also be used to generate a limited number of prevalence estimates of past year mental disorders for the adult civilian, noninstitutionalized population. The MHSS clinical study includes disorders across a wide spectrum of diagnostic categories, including mood disorders, anxiety disorders, eating disorders, substance use disorders, intermittent explosive disorder, and adjustment disorder, as well as psychotic symptoms.

The main objective of this report is to present past 12-month prevalence estimates of the mental disorders that were assessed in the MHSS clinical study. In order to place these estimates in context with other nationally representative estimates of mental disorders, this report also includes a comparison of estimates from the MHSS clinical study with estimates from the National Comorbidity Survey-Replication (NCS-R) study.[4] The NCS-R study, conducted from 2001 to 2003, was designed to estimate the prevalence of mental disorders, including substance use disorders, among adults aged 18 or older using a nationally representative, multistage, clustered-area probability sample.

The remainder of this report is organized into three additional sections. Section 2 describes the MHSS clinical study, including how respondents were sampled, the instrument used to assess mental disorders (including substance use disorders), and data analysis methods. Section 3 reports the estimated percentage of adults who have mental disorders overall and by gender and age group. Section 4 presents a discussion of the findings, including comparisons of the estimates derived from the MHSS clinical study and the NCS-R. Appendix A provides detailed tables, including estimated percentages and total numbers of adults aged 18 or older with specific disorders and classes of disorders by gender, age group, race/ethnicity, family income, educational attainment, metropolitan status of county of residence, poverty level, employment status, marital status, census region, and health insurance coverage. Appendix B compares prevalence estimates of mental disorders from the MHSS clinical study and NCS-R and discusses how methodological differences between the two studies can contribute to differences in prevalence estimates. Appendix C contains descriptions and definitions of each mental disorder that was assessed in the MHSS clinical study.

2. Methods

The NSDUH is an annual, national face-to-face survey of the civilian, noninstitutionalized population aged 12 years or older within the 50 states and the District of Columbia sponsored by SAMHSA. Designed to provide national- and state-level substance use and mental health data, the NSDUH questionnaire is administered in person using computer-assisted interviewing (CAI) methods. From 2008 to 2012, a subsample of NSDUH respondents were selected to participate in the MHSS clinical study, a telephone interview that included clinical assessments of the presence of selected mental disorders. This report utilized data on mental disorders from the MHSS clinical study as well as demographic data from the NSDUH interview. The following sections briefly present the key methodological characteristics of the MHSS clinical study, including sample selection, assessment instrument, and data analysis methods.

2.1 Sampling and Weighting Methods

The MHSS clinical sample was selected from all adult participants in the NSDUH who completed the interview in English from 2008 to 2012. Of the 229,566 adults who completed the NSDUH in-person interview from 2008 to 2012

(approximately 45,000 per year), 220,219 respondents completed the interview annually in English (approximately 44,000 per year). A sampling algorithm that required completion of the NSDUH interview in English enabled the selection of adults who were invited to participate in the MHSS clinical interview. During the 5-year MHSS clinical study, 8,629 respondents were selected to participate in the clinical interview, with 83.7 percent agreeing to participate[a] and 78.3 percent of those who had originally agreed to participate completing the interview. The final, overall weighted response rate taking these two stages of nonresponse into account was 65.5 percent. A total of 5,653 respondents completed the MHSS clinical interview and were included in these analyses.[b]

Analysis weights were created for the MHSS clinical sample. These weights were created by adjusting the adult NSDUH main interview respondent analysis weights to account for the exclusion of respondents completing the Spanish version of the NSDUH interview, as well as for MHSS clinical interview nonresponse. The weights were also poststratified to NSDUH population control totals and a final annual scaling factor applied to the weights for all cases across the years 2008 to 2012 to account for the different annual clinical sample designs and sample sizes. These final weights were used to compute the disorder-level estimates presented in this report. Further details on MHSS clinical study recruitment, sampling, and weighting procedures for 2008 to 2012 can be found in the MHSS design and estimation report and the MHSS operations report.[3,5]

2.2 Data Collection

Clinical interviewers who contacted MHSS clinical study participants by telephone ensured the confidentiality and privacy of responses, obtained informed consent, and conducted interviews. The mean length of the interview was 72 minutes, with a median of 60 minutes. These interviews were conducted within 4 weeks of completing the NSDUH in-person interview. Respondents were provided a $30 incentive for participating in the NSDUH interview and an additional $30 for the MHSS clinical interview. Once the MHSS clinical interview was completed for the respondent, no further interviews were conducted. The Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I)[6] was administered over the telephone by masters- or doctoral-level clinical interviewers who had undergone extensive training with clinical supervisors and the developer of the SCID. To ensure the highest standards of quality were met, all SCID interviews were reviewed by one or more doctoral-level clinical supervisors who were trained by and received ongoing consultation from SAMHSA and National Institute of Mental Health staff as well as the SCID developer. Further details on MHSS training procedures for 2008 to 2012 and details about the SCID administration and quality control in the MHSS clinical study are available in the MHSS operations report.[5]

Data Collection Instrument

The clinical interview consisted of a modified version of the SCID-I. The SCID is a semistructured interview used to assess psychiatric disorders (including substance use disorders) that has been widely used as a clinical validation tool in studies such as the NCS-R,[7] the National Survey of American Life (NSAL),[8] and the NSDUH substance use disorders reappraisal study.[9] Considered the "gold standard" in psychiatric assessment, the SCID has demonstrated good reliability[10,11,12] and validity.[13,14,15,16,17,18] Studies that compared telephone versus face-to-face administration of the SCID have also found good reliability and validity for the telephone-administered SCID.[19,20,21,22,23,24,25]

An adapted version of the SCID was used in the MHSS clinical study in order to assess mental and substance use disorders experienced in the 12 months prior to the interview, based on diagnostic criteria from the DSM-IV-TR.[1] As a semistructured clinical interview, the SCID contains structured, standardized questions that are read verbatim and sequentially. The MHSS clinical study interviewers also were instructed to ask unstructured follow-up questions tailored to each respondent. Interviewers coded the presence or absence of each disorder based on their clinical judgment and respondent answers to both the structured and the unstructured questions.

Diagnostic modules used in the MHSS version of the SCID are listed in Table 2.1. Selection of disorders to be assessed in the MHSS clinical study was guided by two primary considerations: (1) include as many of the more common disorders that are included in the definition of SMI as possible; and (2) keep the clinical interview to a reasonable length that would not be perceived as overly burdensome to respondents. Developmental disorders (e.g., autistic disorder, Asperger's disorder, and mental retardation) are not included in the definition of SMI and therefore were not assessed.

Table 2.1 Diagnostic Modules in the MHSS-SCID, 2008-2012

Past Year Mood Disorders[1]	Past Year Substance Use Disorders
Major Depressive Disorder (Major Depressive Episode) Dysthymic Disorder Bipolar I Disorder (Manic Episode)	Alcohol Abuse Alcohol Dependence Illicit Drug Abuse Illicit Drug Dependence
Past Year Anxiety Disorders	**Past Year Eating Disorders**
Specific Phobia Social Phobia Generalized Anxiety Disorder Panic Disorder with and without Agoraphobia Agoraphobia without History of Panic Disorder Obsessive Compulsive Disorder Posttraumatic Stress Disorder	Anorexia Nervosa Bulimia Nervosa
	Past Year Adjustment Disorders
	Adjustment Disorder
	Past Year Impulse Control Disorders
	Intermittent Explosive Disorder
	Past Year Psychotic Symptoms
	Psychotic Symptoms (Delusions, Hallucinations)

MHSS = Mental Health Surveillance Study; SCID = Structured Clinical Interview for DSM-IV.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
NOTE: For a full discussion of which disorders were included in the MHSS SCID, see Appendix C.
[1] Lifetime major depressive episode and lifetime manic episode were assessed to provide context for and differentiation between past year major depressive disorder and bipolar I disorder diagnosis.

Many of the more common and commonly assessed mood and anxiety disorders (e.g., major depressive disorder [MDD], bipolar I disorder, generalized anxiety disorder [GAD], and specific phobia) were included in the assessment. Adjustment disorder was also included in order to capture mental health symptoms that did not meet the diagnostic criteria for any of the other disorders measured but nonetheless resulted in serious functional impairment, which substantially interfered with or limited one or more major life activities. Eating disorders, specifically anorexia nervosa and bulimia nervosa, were included because they are most common among younger adults, an age group that is oversampled in the NSDUH sample to increase precision. Intermittent explosive disorder was included in the assessment based on expert consensus and prior findings that it was not a rare disorder (12-month prevalence of 2.6 percent in the NCS-R).[26] Substance use disorders, though not part of the definition of SMI, were included in the assessment because they are an important area of focus for SAMHSA.

Given the study's focus on adults, disorders typically identified in childhood, such as separation anxiety disorder, attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder, were not included in the MHSS clinical study. Several other Axis I disorders were excluded because they are challenging to assess in a single-session telephone interview. For example, the assessment of schizophrenia and other psychotic disorders is challenging because several symptoms of psychotic disorders, such as disorganized speech, grossly disorganized behavior, or alogia (inability to speak), would make a person exhibiting those symptoms unsuitable to be an interview respondent. Likewise, personality disorders, such as borderline personality disorder and antisocial personality disorder, are challenging to assess in a single time-limited assessment; therefore, personality disorders were not included in the assessment. Bipolar II disorder, which involves the experience of one or more hypomanic episodes, was not assessed because of the challenges in differentiating hypomania from the experience of euthymia (a nondepressed, reasonably positive mood following a depressive episode) in a single-session interview. Hypomanic episodes, by definition, are not severe enough to cause significant functional impairment. Respondents experiencing a hypomanic episode and an MDE during the past year would be given a diagnosis of MDD and therefore would not be missed with regard to a past year diagnosis used in the estimation of SMI.

2.3 Data Analysis

Estimated numbers and percentages of adults with mental disorders, along with the associated standard errors (SEs), were computed using SUDAAN®.[27] This software accounts for the complex survey design of the MHSS clinical study (i.e., multistage cluster sample) using a Taylor series linearization approach to calculate SEs.[c] The SEs were used to identify unreliable estimates and to test for the statistical significance of differences between estimates.[d] The observed standard difference in percentages was evaluated in terms of its statistical significance based on the *p*-value of the test statistic. A simple Bonferroni adjustment was applied to each pairwise comparison when more than two levels were compared: the *p*-value corresponding to the standard 0.05 level of significance was divided by [e],[28]

the number of pairwise comparisons. The analysis weights for the MHSS clinical data were applied to the weighted percentage estimations, the corresponding standard error estimations, and the statistical testing.

Estimated numbers and percentages of adults with mental disorders in this report were generated using SCID data from 5,653 MHSS clinical interviews conducted between 2008 and 2012, as well as demographic data (e.g., age, gender, race/ethnicity) collected as part of the NSDUH main interviews for each of these respondents. Because the clinical study was not designed to produce annual estimates of mental disorders and the annual sample sizes are small, estimates are based on the combined 5-year MHSS clinical sample. This combined sample allows for an examination of demographic and geographic correlates of mental disorders.

The proportion of missing data and the imputation strategy differed for each variable. The age, county type, and census region variables collected from the NSDUH main interview have no missing data. For all the other variables from the NSDUH main interview included in these analyses, such as gender, race/ethnicity, family income, education, poverty level, employment status, and health insurance coverage, missing values were imputed using the predicted mean neighborhood method.[f] For poverty level, also taken from the main NSDUH interview, all the respondents aged 18 to 22 who lived in college dorms were assigned missing values. For variables collected from the MHSS clinical interview, missing values were not imputed. If one or more variables needed to make a particular diagnosis were missing, the disorder variable itself was coded as missing. The proportion of missing values for all mental disorder (and substance use disorder) variables are relatively small, ranging from 0.02 to 5.04 percent.

3. Results

As discussed before, because the original purpose of the clinical study was to develop statistical models for the estimation of SMI, not all mental disorders were included in the MHSS SCID. This section presents past year prevalence estimates and totals for the mental disorders that were assessed in the 2008-2012 MHSS clinical study. In addition to overall estimates, this section describes differences by gender and age group. Appendix A includes estimated numbers and percentages by gender (Table A.1), age group (Table A.2), race/ethnicity (Table A.3), family income (Table A.4), educational attainment (Table A.5), metropolitan status of county of residence (Table A.6), poverty level (Table A.7), employment status (Table A.8), marital status (Table A.9), census region (Table A.10), and health insurance coverage (Table A.11).

This section begins with prevalence estimates of "one or more mental disorders," and then provides prevalence estimates for specific classes of disorders (mood disorders, anxiety disorders, substance use disorders, eating disorders, and other disorders).

3.1 One or More Mental Disorders

Estimates of "one or more disorders" include individuals with at least one of the past year mental disorders that were assessed in the MHSS clinical study: bipolar I disorder, MDD, dysthymic disorder, posttraumatic stress disorder (PTSD), panic disorder with and without agoraphobia, agoraphobia without history of panic disorder, social phobia, specific phobia, obsessive compulsive disorder (OCD), GAD, alcohol abuse, alcohol dependence, illicit drug[g] abuse, illicit drug dependence, anorexia nervosa, bulimia nervosa, adjustment disorder, or intermittent explosive disorder. Psychotic symptoms were not included in estimates of one or more disorders, because the presence of a psychotic symptom is not sufficient to make a diagnosis of a psychotic disorder or any other mental disorder.

Among adults aged 18 or older, an estimated 22.5 percent (51.2 million adults) had at least one of the past year diagnoses that were assessed in the MHSS clinical interview (Table 3.1); that is, almost a quarter of adults in the United States had one or more mental disorders (including adjustment disorder and substance use disorders) in the past year.

Table 3.1 Past Year Mental Disorders among Adults Aged 18 or Older: Percentages, MHSS Clinical Study, 2008-2012

Variable	Percent[1,2]	Standard Error[3]
Past Year Mood Disorders		
Bipolar I Disorder	0.4	0.1

Major Depressive Disorder	6.0	0.3
Dysthymic Disorder	1.7	0.2
Major Depressive Episode[4]	6.3	0.4
Manic Episode[4]	0.3	0.1
One or More Mood Disorders[5]	7.4	0.4
Past Year Anxiety Disorders		
Posttraumatic Stress Disorder	0.7	0.1
Panic Disorder with and without Agoraphobia	0.9	0.1
Agoraphobia without History of Panic Disorder	0.2	0.1
Social Phobia	1.0	0.2
Specific Phobia	1.6	0.4
Obsessive Compulsive Disorder	0.3	0.1
Generalized Anxiety Disorder	1.8	0.2
One or More Anxiety Disorders	5.7	0.5
Past Year Substance Use Disorders[6]		
Alcohol Abuse	3.1	0.5
Alcohol Dependence	3.3	0.4
Alcohol Use Disorder (Abuse or Dependence)	6.4	0.6
Illicit Drug[7] Abuse	0.9	0.2
Illicit Drug[7] Dependence	2.1	0.4
Illicit Drug[7] Use Disorder (Abuse or Dependence)	3.0	0.5
One or More Substance Use Disorders	7.8	0.7
Past Year Eating Disorders		
Anorexia Nervosa	<0.1	<0.1
Bulimia Nervosa	<0.1	<0.1
One or More Eating Disorders	<0.1	<0.1
Past Year Adjustment Disorders		
Adjustment Disorder	6.9	0.5
Past Year Impulse Control Disorders		
Intermittent Explosive Disorder	0.4	0.1
Past Year Psychotic Symptoms		
Psychotic Symptoms	0.6	0.1
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[8]		
One or More Disorders	11.5	0.6
1 Disorder	8.0	0.6
2 Disorders	1.8	0.2
3+ Disorders	0.9	0.1
One or More Past Year Disorders (Excluding Adjustment Disorder)[8]		
One or More Disorders	17.1	0.8
1 Disorder	11.0	0.7
2 Disorders	3.2	0.4
3+ Disorders	1.9	0.2

One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[8]		
One or More Disorders	22.5	0.9
1 Disorder	14.9	0.7
2 Disorders	4.1	0.5
3+ Disorders	2.2	0.3

MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health; SE = standard error.
[1] Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] Weighted percentages are for final analysis weights for the 2008-2012 MHSS clinical sample.
[3] Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27).
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[6] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of his or her responses to the abuse criteria questions.
[7] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[8] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

3.2 Mood Disorders

The MHSS clinical study included three disorders from the diagnostic category of mood disorders: MDD, dysthymic disorder, and bipolar I disorder. The essential feature of a mood disorder is a depressed or elevated mood, and/or a decrease or increase in one's interest or involvement in pleasurable activities. Many individuals with a mood disorder report or exhibit increased irritability (e.g., persistent anger, a tendency to respond to events with angry outbursts or blaming others, an exaggerated sense of frustration over minor matters). To meet criteria for a mood disorder, the mood-related problems must represent a change from the individual's typical functioning and must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning. See Appendix C for the diagnostic criteria for mood disorders, MDE, and manic episode.

The past year prevalence of having one or more mood disorders included in the MHSS clinical study among all adults was 7.4 percent (17.0 million adults) (Table 3.1). Among past year mood disorders that were assessed, MDD was the most common (6.0 percent; 13.8 million adults), followed by dysthymic disorder (1.7 percent; 3.9 million adults) and bipolar I disorder (0.4 percent; 0.9 million adults) (Table 3.1).

As major components of MDD and bipolar I disorder, MDE and manic episode were assessed, although they are not disorders themselves. A diagnosis of past year MDD requires having experienced at least one MDE in the past year in the absence of a history of any manic episode. A diagnosis of past year bipolar I disorder requires at least one manic episode experienced in the past year if there is no history of MDE or a lifetime history of at least one manic episode if an MDE has been experienced in the past year.

An estimated 6.3 percent of adults (14.7 million) had a past year MDE, and an estimated 0.3 percent of adults (0.7 million) had a past year manic episode. To differentiate past year MDD from bipolar I disorder, the history of lifetime MDE and lifetime manic episode were assessed as well. An estimated 20.7 percent and 0.7 percent of adults had a lifetime MDE or manic episode, respectively (data not shown).

3.3 Anxiety Disorders

The MHSS clinical study included seven disorders from the diagnostic category of anxiety disorders: GAD, specific phobia, social phobia, agoraphobia without a history of panic disorder, panic disorder with and without agoraphobia, PTSD, and OCD. Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation. To meet criteria for an anxiety disorder, anxiety, fear, and/or avoidance must represent a change from the individual's typical functioning, and the anxiety-related problems must be accompanied by clinically significant distress or impairment in social, occupational, or

other important areas of functioning. See Appendix C for the diagnostic criteria for anxiety disorders.

Among adults aged 18 or older, an estimated 5.7 percent (12.9 million) had one or more anxiety disorders in the past year (Table 3.1). GAD (1.8 percent; 4.1 million adults) was the most common of the anxiety disorders, followed by specific phobia (1.6 percent; 3.7 million adults), panic disorder with and without agoraphobia (0.9 percent; 2.1 million adults), and social phobia (1.0 percent; 2.2 million adults) (Table 3.1). Past year estimates for the remaining three anxiety disorders were each less than 1 percent: PTSD (0.7 percent; 1.7 million adults), OCD (0.3 percent; 0.7 million adults), and agoraphobia without a history of panic disorder (0.2 percent; 0.5 million adults) (Table 3.1).

3.4 Substance Use Disorders

Substance use disorders that were assessed in the MHSS clinical study included alcohol dependence, alcohol abuse, illicit drug dependence, and illicit drug abuse.[g] The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. Criteria symptoms can be considered to fit within overall groupings of impaired control, social impairment, risky use, and pharmacological criteria. The behavioral symptoms may be exhibited in the repeated relapses and intense drug craving when the individual is exposed to drug-related stimuli. The substance-related problems must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning. As defined in the DSM-IV, substance abuse and substance dependence diagnoses are treated as mutually exclusive. If a person is diagnosed as having substance dependence (alcohol or illicit drugs), then he or she is not diagnosed as abusing that substance regardless of whether or not he or she meets criteria for an abuse diagnosis. Consistent with this practice, we have treated these diagnoses as mutually exclusive. See Appendix C for the diagnostic criteria for substance use disorders.

Among adults aged 18 or older, an estimated 7.8 percent (17.9 million) had one or more substance use disorders in the past year (Table 3.1). Alcohol dependence (3.3 percent; 7.6 million adults) was the most common of the substance use disorders, followed by alcohol abuse (3.1 percent; 7.1 million adults) (Table 3.1). An estimated 2.1 percent (4.8 million) and 0.9 percent (2.1 million) of adults had past year illicit drug dependence and illicit drug abuse, respectively (Table 3.1). An estimated 6.4 percent (14.7 million) and 3.0 percent (6.9 million) of adults had past year alcohol dependence or abuse and past year illicit drug dependence or abuse, respectively (Table 3.1).

3.5 Other Disorders

The MHSS clinical study also included several disorders from other diagnostic categories: adjustment disorder, intermittent explosive disorder, anorexia nervosa, and bulimia nervosa. The diagnosis of each of these disorders requires distinct cognitive, behavioral, or physiological symptoms accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning. An adjustment disorder occurs when excessive or functionally impairing emotional or behavioral symptoms develop in response to an identifiable stressor(s). Intermittent explosive disorder is an impulse control disorder characterized by uncontrolled aggressive impulses resulting in serious assault or destruction of property. Anorexia nervosa and bulimia nervosa are eating disorders characterized by abnormally low body weight, fear of weight gain, and distortion of body shape or weight (anorexia nervosa) and recurrent episodes of binge eating followed by a compensatory behavior to avoid weight gain. In addition, the MHSS clinical study included an assessment of two psychotic symptoms: delusions (fixed false beliefs) and hallucinations (sensory experiences not based in reality).

An estimated 6.9 percent of adults (16.0 million) had past year adjustment disorder, making it one of the most common mental disorders among adults aged 18 or older (Table 3.1). An estimated 0.4 percent of adults (0.9 million) had intermittent explosive disorder in the past year, and an estimated 0.6 percent of adults (1.3 million) had at least one of the two measured psychotic symptoms in the past year (Table 3.1).

3.6 Differences by Gender

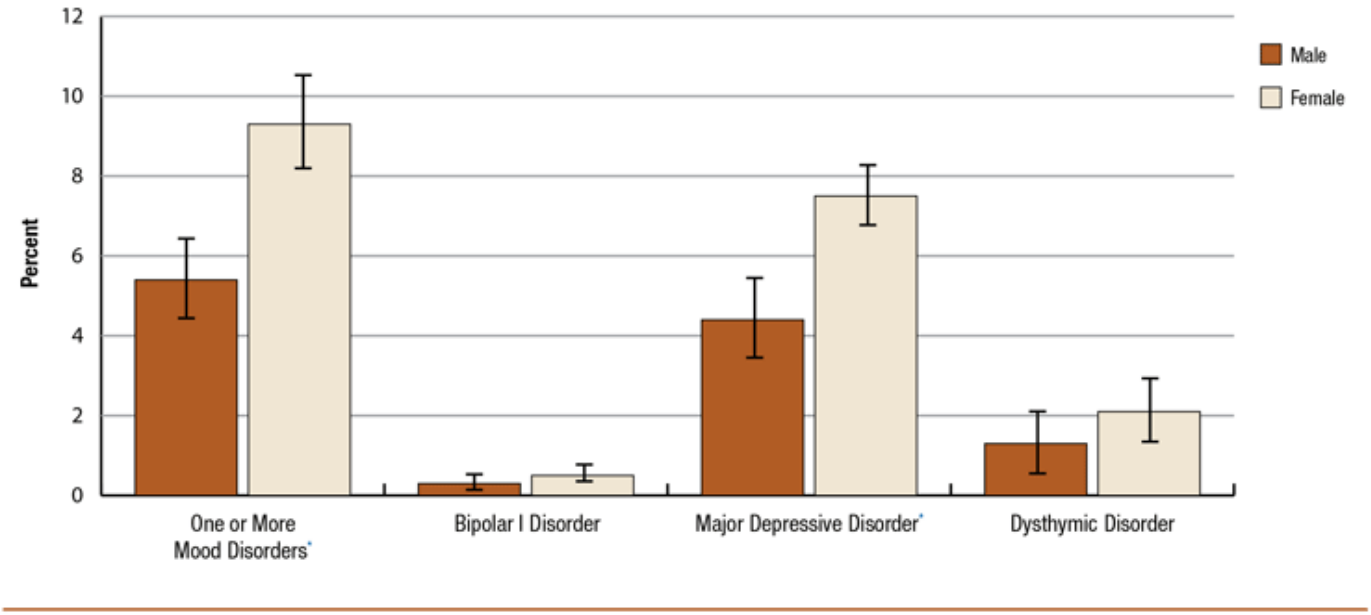
Table A.1 in Appendix A displays a comparison of estimated numbers and percentages of adults aged 18 or older with past year mental disorders from the MHSS clinical study by gender. The percentages with one or more past year disorders (including substance use disorders and adjustment disorder) among male and female adults were similar (22.2 vs. 22.8 percent, respectively). Gender differences, however, were evident for categories of disorders as well as for individual disorders.

Mood Disorders

Gender differences were found in the past year prevalence of mood disorders among adults. An estimated

9.3 percent of females had one or more measured mood disorders, as compared with an estimated 5.4 percent of males (Table A.1, Figure 3.1). The past year prevalence of MDD among adults was lower among males than females (4.4 vs. 7.5 percent, respectively) (Table A.1, Figure 3.1). Adult males and females had similar prevalence estimates of past year bipolar I disorder (0.3 and 0.5 percent, respectively) and past year dysthymic disorder (1.3 and 2.1 percent, respectively) (Table A.1, Figure 3.1).

Figure 3.1. Past Year Mood Disorders among Adults Aged 18 or Older, by Gender: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012



MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
*Significant gender difference at $p < 0.05$ level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008–2012.

Figure 3.1 Table. Past Year Mood Disorders among Adults Aged 18 or Older, by Gender: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012

	Male		Female	
Mood Disorder	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**
One or More Mood Disorders*	5.4%	4.42 - 6.38	9.3%	8.124 - 10.476
Bipolar I Disorder	0.3%	0.104 - 0.496	0.5%	0.304 - 0.696
Major Depressive Disorder*	4.4%	3.42 - 5.38	7.5%	6.716 - 8.284
Dysthymic Disorder	1.3%	0.516 - 2.084	2.1%	1.316 - 2.884

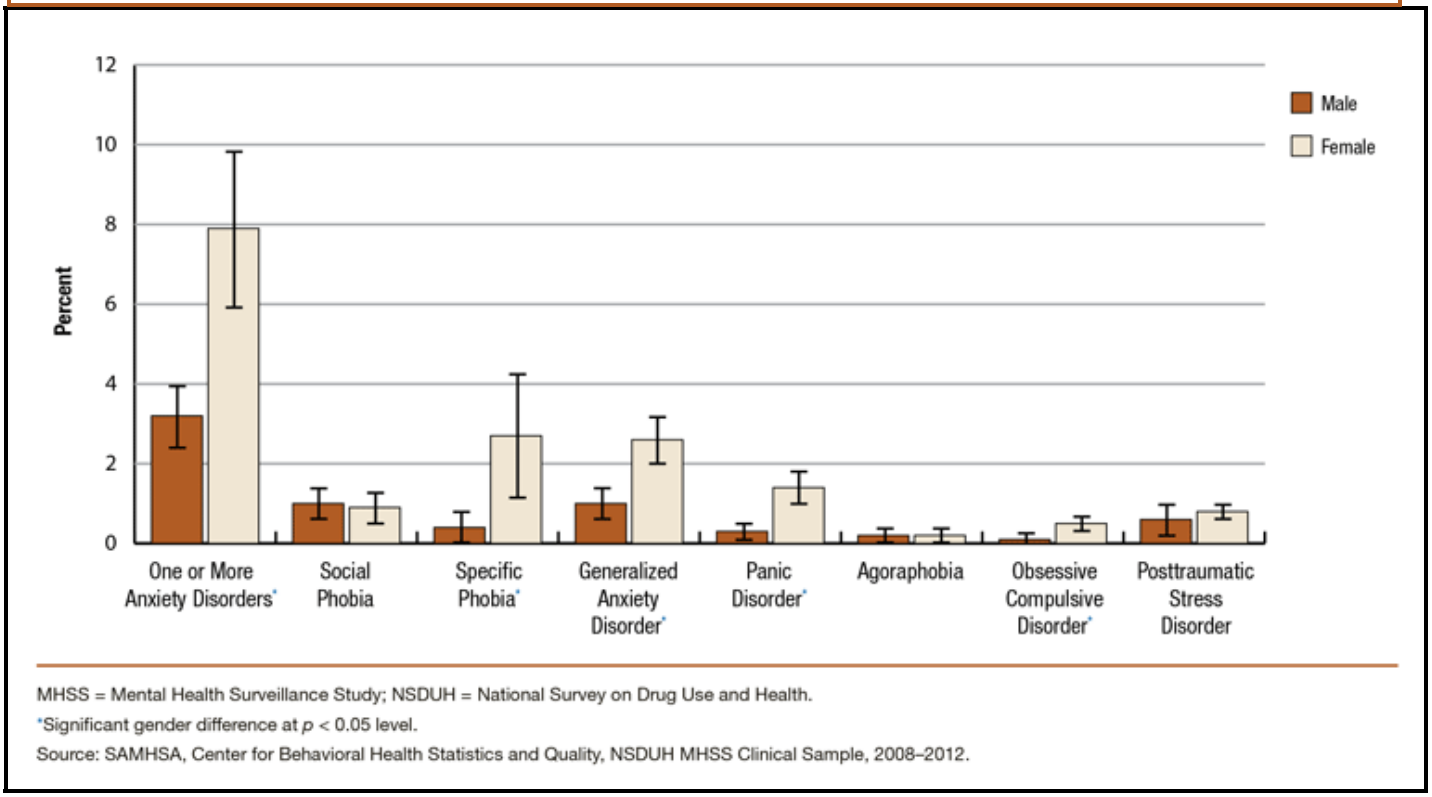
MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
***Significant gender difference at $p < 0.05$ level.**
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

Anxiety Disorders

Gender was also associated with differences in prevalence of past year anxiety disorders. The percentage of males with one or more past year anxiety disorders was less than half that among females (3.2 vs. 7.9 percent, respectively) (Table A.1, Figure 3.2). Past year specific phobia was less common among males than females (0.4 vs. 2.7 percent, respectively) (Table A.1, Figure 3.2). The prevalence estimates were higher among females than males for past year panic disorder (1.4 and 0.3 percent, respectively), past year GAD (2.6 and 1.0 percent, respectively), and past year OCD (0.5 and 0.1 percent, respectively) (Table A.1, Figure 3.2). The estimated percentages of adults

having past year social phobia, PTSD, and agoraphobia were similar among males and females (Table A.1, Figure 3.2).

Figure 3.2. Past Year Anxiety Disorders among Adults Aged 18 or Older, by Gender: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012



MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
*Significant gender difference at $p < 0.05$ level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008–2012.

Figure 3.2 Table. Past Year Anxiety Disorders among Adults Aged 18 or Older, by Gender: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012

	Male		Female	
Anxiety Disorder	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**
One or More Anxiety Disorders*	3.2%	2.416 - 3.984	7.9%	5.94 - 9.86
Social Phobia	1.0%	0.608 - 1.392	0.9%	0.508 - 1.292
Specific Phobia*	0.4%	0.008 - 0.792	2.7%	1.132 - 4.268
Generalized Anxiety Disorder*	1.0%	0.608 - 1.392	2.6%	2.012 - 3.188
Panic Disorder*	0.3%	0.104 - 0.496	1.4%	1.008 - 1.792
Agoraphobia	0.2%	0.004 - 0.396	0.2%	0.004 - 0.396
Obsessive Compulsive Disorder*	0.1%	−0.096 - 0.296	0.5%	0.304 - 0.696
Posttraumatic Stress Disorder	0.6%	0.208 - 0.992	0.8%	0.604 - 0.996

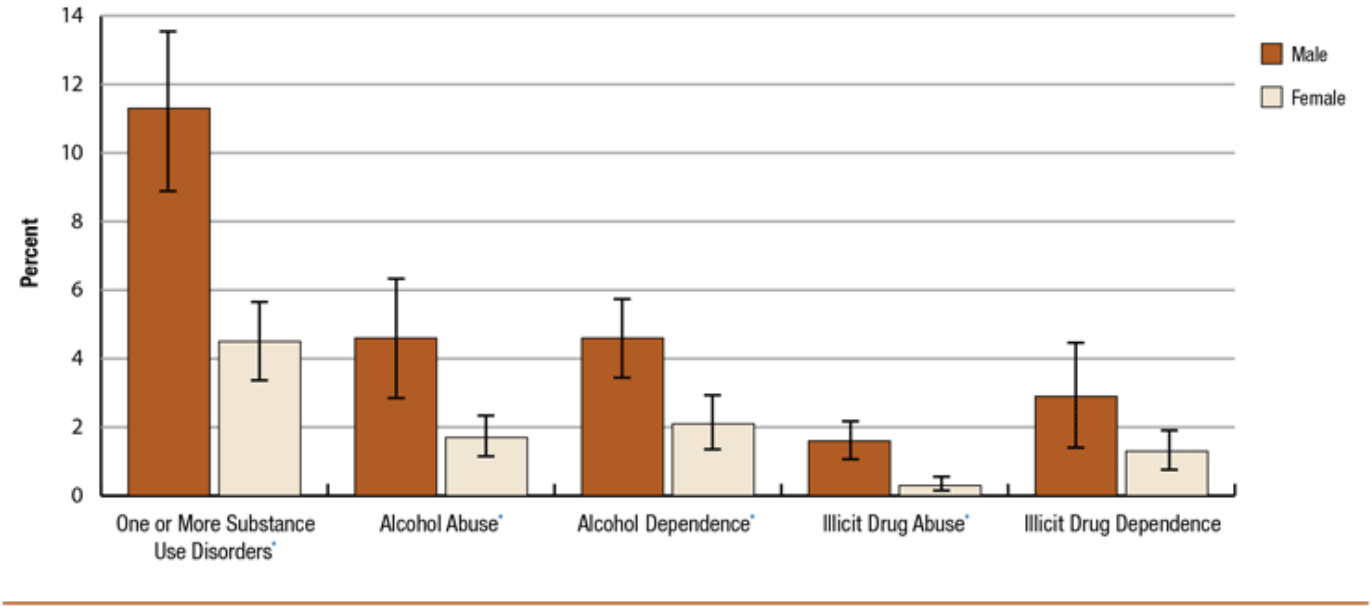
MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
***Significant gender difference at $p < 0.05$ level.**
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

Substance Use Disorders

Gender was associated with differences in the prevalence estimates of substance use disorders. Any past year substance use disorder was more common among males than females (11.3 vs. 4.5 percent, respectively) (Table A.1, Figure 3.3). Across nearly all substance use disorders, the estimated percentages were higher among

males than females (4.6 vs. 2.1 percent, respectively, for alcohol dependence; 4.6 vs. 1.7 percent, respectively, for alcohol abuse; and 1.6 vs. 0.3 percent, respectively, for illicit drug abuse) (Table A.1, Figure 3.3). The exception was illicit drug dependence, for which the difference in the estimates for males and females was not statistically significant (2.9 vs. 1.3 percent, respectively) (Table A.1, Figure 3.3).

Figure 3.3. Past Year Substance Use Disorders among Adults Aged 18 or Older, by Gender: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012



MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.

NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.

*Significant gender difference at $p < 0.05$ level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008–2012.

Figure 3.3 Table. Past Year Substance Use Disorders among Adults Aged 18 or Older, by Gender: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012

	Male		Female	
Substance Use Disorders	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**
One or More Substance Use Disorders*	11.3%	8.948 - 13.652	4.5%	3.324 - 5.676
Alcohol Abuse*	4.6%	2.836 - 6.364	1.7%	1.112 - 2.288
Alcohol Dependence*	4.6%	3.424 - 5.776	2.1%	1.316 - 2.884
Illicit Drug Abuse*	1.6%	1.012 - 2.188	0.3%	0.104 - 0.496
Illicit Drug Dependence	2.9%	1.332 - 4.468	1.3%	0.712 - 1.888

MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
***Significant gender difference at $p < 0.05$ level.**
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

Other Disorders

Prevalence estimates of past year anorexia nervosa and bulimia nervosa indicate that these are very rare disorders among both adult males and females (estimates for both disorders were less than 0.1 percent for both genders,

with the estimate of anorexia nervosa among males being suppressed because of lack of precision). Males had higher percentages of intermittent explosive disorder than females (0.6 and 0.2 percent, respectively) (Table A.1). Past year estimates were similar among males and females for adjustment disorder (6.8 vs. 7.0 percent, respectively) and for psychotic symptoms (0.6 percent for both genders) (Table A.1).

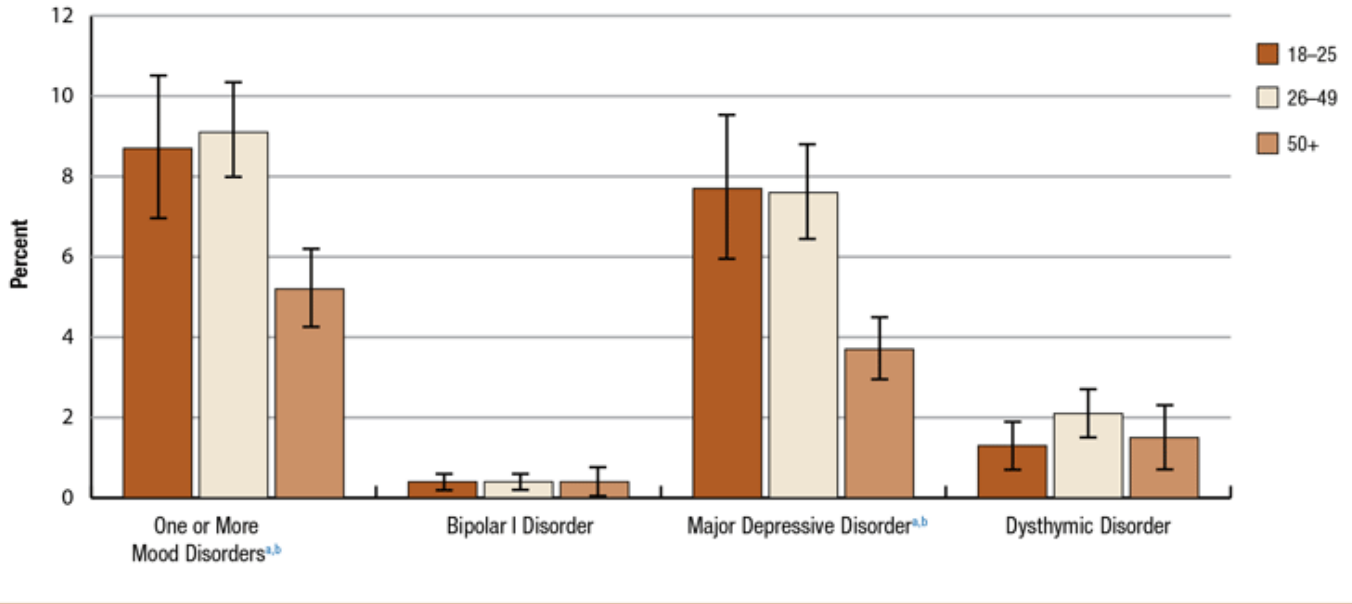
3.7 Differences by Age Group

Table A.2 in Appendix A displays a comparison of past year prevalence estimates by age group (18 to 25, 26 to 49, and 50 or older). For each disorder, three pairwise tests among three age groups were conducted using the Bonferroni-adjusted alpha level of 0.0167 (0.05/3) per test. Age group differences were found to be statistically significant in the past year estimated percentages of adults having "one or more disorders," which was lower among adults aged 50 or older (16.4 percent) than among those aged 18 to 25 (31.5 percent) or aged 26 to 49 (25.6 percent) (Table A.2).

Mood Disorders

Age group differences were also evident in the past year prevalence estimates for mood disorders (Table A.2, Figure 3.4). The percentage of adults having one or more of the measured mood disorders among those aged 50 or older (5.2 percent) was lower than among those aged 18 to 25 (8.7 percent) or aged 26 to 49 (9.1 percent) (Table A.2, Figure 3.4). Likewise, the prevalence estimate of past year MDD among adults aged 50 or older (3.7 percent) was lower than the prevalence estimates among adults aged 18 to 25 (7.7 percent) or aged 26 to 49 (7.6 percent) (Table A.2, Figure 3.4). The past year percentages of adults having dysthymic disorder and bipolar I disorder were similar for these three age groups (Table A.2, Figure 3.4).

Figure 3.4. Past Year Mood Disorders among Adults Aged 18 or Older, by Age Group: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012



MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.

[a] Significant difference between 18–25 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.

[b] Significant difference between 26–49 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008–2012.

Figure 3.4 Table. Past Year Mood Disorders among Adults Aged 18 or Older, by Age Group: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012

	18-25		26-49		50+	
Mood Disorder	Percent	Confidence Interval	Percent	Confidence Interval	Percent	Confidence Interval

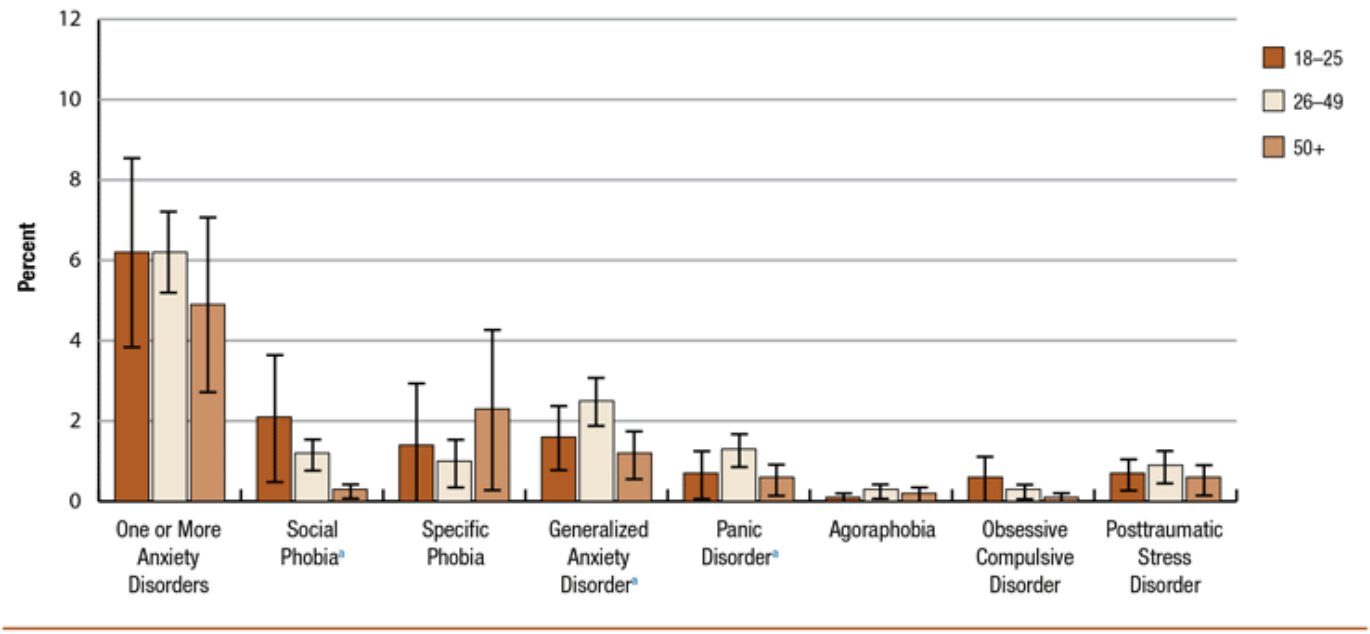
One or More Mood Disorders[a,b]	8.7%	6.936 - 10.464	9.1%	7.924 - 10.276	5.2%	4.22 - 6.18
Bipolar I Disorder	0.4%	0.204 - 0.596	0.4%	0.204 - 0.596	0.4%	0.008 - 0.792
Major Depressive Disorder[a,b]	7.7%	5.936 - 9.464	7.6%	6.424 - 8.776	3.7%	2.916 - 4.484
Dysthymic Disorder	1.3%	0.712 - 1.888	2.1%	1.512 - 2.688	1.5%	0.716 - 2.284

MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
[a] Significant difference between 18-25 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
[b] Significant difference between 26-49 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

Anxiety Disorders

Adults aged 18 to 25, 26 to 49, and 50 or older had similar past year prevalence estimates of having one or more anxiety disorders that were included in the MHSS clinical study (6.2, 6.2, and 4.9 percent, respectively) (Table A.2, Figure 3.5). Some age group differences were found in past year estimates of specific anxiety disorders. The past year percentage of adults with social phobia was lower among adults aged 50 or older (0.3 percent) than among adults aged 26 to 49 (1.2 percent) (Table A.2, Figure 3.5). Past year GAD was more than twice as common among adults aged 26 to 49 than among those aged 50 or older (2.5 vs. 1.2 percent, respectively). Adults in all three age groups had similar past year estimates of specific phobia, agoraphobia without a history of panic disorder, PTSD, and OCD (Table A.2, Figure 3.5).

Figure 3.5. Past Year Anxiety Disorders among Adults Aged 18 or Older, by Age Group: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012



MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
[a] Significant difference between 26–49 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008–2012.

Figure 3.5 Table. Past Year Anxiety Disorders among Adults Aged 18 or Older, by Age Group: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012

	18-25		26-49		50+	
Anxiety Disorder	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**
One or More Anxiety Disorders	6.2%	3.848 - 8.552	6.2%	5.22 - 7.18	4.9%	2.744 - 7.056

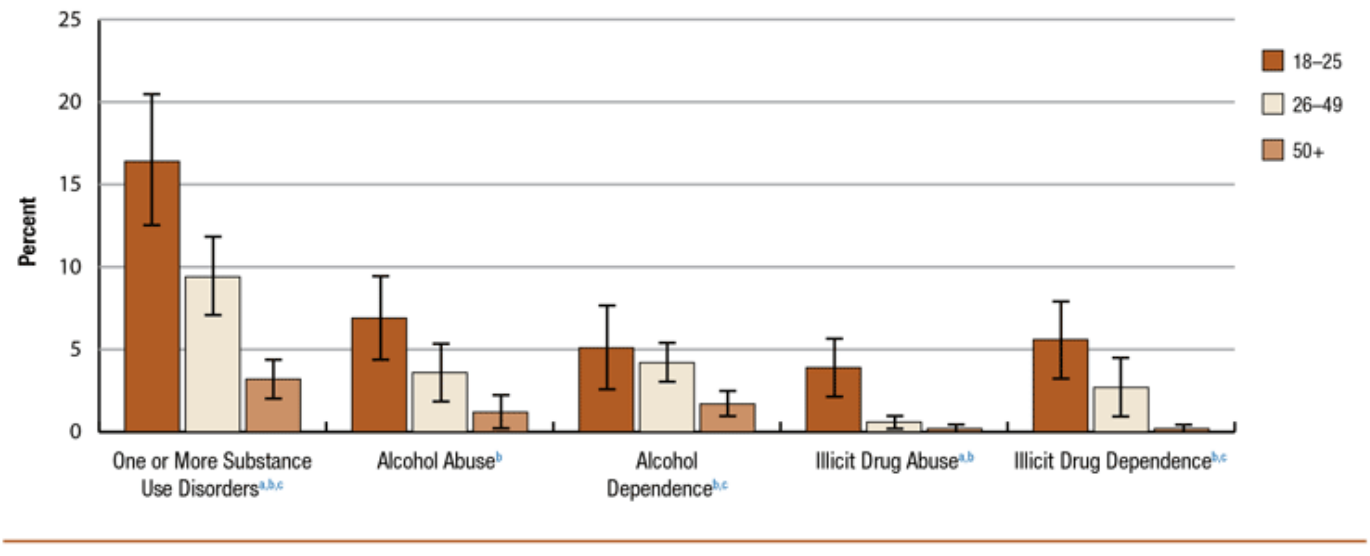
Social Phobia[a]	2.1%	0.532 - 3.668	1.2%	0.808 - 1.592	0.3%	0.104 - 0.496
Specific Phobia	1.4%	−0.168 - 2.968	1.0%	0.412 - 1.588	2.3%	0.34 - 4.26
Generalized Anxiety Disorder[a]	1.6%	0.816 - 2.384	2.5%	1.912 - 3.088	1.2%	0.612 - 1.788
Panic Disorder[a]	0.7%	0.112 - 1.288	1.3%	0.908 - 1.692	0.6%	0.208 - 0.992
Agoraphobia	0.1%	−0.096 - 0.296	0.3%	0.104 - 0.496	0.2%	0.004 - 0.396
Obsessive Compulsive Disorder	0.6%	0.012 - 1.188	0.3%	0.104 - 0.496	0.1%	−0.096 - 0.296
Posttraumatic Stress Disorder	0.7%	0.308 - 1.092	0.9%	0.508 - 1.292	0.6%	0.208 - 0.992

MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
[a] Significant difference between 26-49 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

Substance Use Disorders

Age group differences were also evident for substance use disorders. Among adults aged 18 to 25, the past year prevalence estimate of having one or more substance use disorders was far more common (16.4 percent) than among those aged 26 to 49 (9.4 percent) and approximately 5 times more common than among those aged 50 or older (3.2 percent) (Table A.2, Figure 3.6). The estimated prevalence of alcohol abuse among adults aged 18 to 25 (6.9 percent) was almost twice as high as the estimate among those aged 26 to 49 (3.6 percent) and more than 5 times as high as the estimate among those aged 50 or older (1.2 percent) (Table A.2, Figure 3.6). Among adults aged 18 to 25, past year alcohol dependence or abuse was more common (12.0 percent) than among those aged 26 to 49 (7.8 percent) and 4 times more common than among those aged 50 or older (2.9 percent) (Table A.2, Figure 3.6). Similarly, past year illicit drug dependence or abuse among adults aged 18 to 25 (9.4 percent) was estimated to be about 3 times more prevalent than among those aged 26 to 49 (3.3 percent). Past year illicit drug dependence or abuse was lowest among adults aged 50 or older (0.4 percent) (Table A.2, Figure 3.6).

Figure 3.6. Past Year Substance Use Disorders among Adults Aged 18 or Older, by Age Group: Percentages and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012



MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.

NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

[a] Significant difference between 18–25 and 26–49 age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.

[b] Significant difference between 18–25 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.

[c] Significant difference between 26–49 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008–2012.

Figure 3.6 Table. Past Year Substance Use Disorders among Adults Aged 18 or Older, by Age Group: Percentages

and 95 Percent Confidence Intervals, MHSS Clinical Study, 2008-2012

	18-25		26-49		50+	
Substance Use Disorder	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**	**Percent**	**Confidence Interval**
One or More Substance Use Disorders[a,b,c]	16.4%	12.48 - 20.32	9.4%	7.048 - 11.752	3.2%	2.024 - 4.376
Alcohol Abuse[b]	6.9%	4.352 - 9.448	3.6%	1.836 - 5.364	1.2%	0.22 - 2.18
Alcohol Dependence[b,c]	5.1%	2.552 - 7.648	4.2%	3.024 - 5.376	1.7%	0.916 - 2.484
Illicit Drug Abuse[a,b]	3.9%	2.136 - 5.664	0.6%	0.208 - 0.992	0.2%	0.004 - 0.396
Illicit Drug Dependence[b,c]	5.6%	3.248 - 7.952	2.7%	0.936 - 4.464	0.2%	0.004 - 0.396

MHSS = Mental Health Surveillance Study; NSDUH = National Survey on Drug Use and Health.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
[a] Significant difference between 18-25 and 26-49 age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
[b] Significant difference between 18-25 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
[c] Significant difference between 26-49 and 50+ age groups at $p < 0.05/3$ (Bonferroni corrected) = 0.0167 level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012.

Other Disorders

Adults aged 18 to 25, 26 to 49, and 50 or older had similar, and very low, past year prevalence estimates of anorexia nervosa and bulimia nervosa (estimates were suppressed for those aged 26 to 49 and 50 or older for anorexia nervosa) (Table A.2). Prevalence estimates of past year adjustment disorder were similar among adults aged 18 to 25, 26 to 49, and 50 or older (7.6, 7.3, and 6.2 percent, respectively). The past year prevalence estimates of intermittent explosive disorder were higher among adults aged 18 to 25 and aged 26 to 49 than among those aged 50 or older (1.1 and 0.5 vs. < 0.1 percent, respectively) (Table A.2). The prevalence estimate of past year psychotic symptoms was higher among adults aged 18 to 25 than among those aged 26 to 49 (0.7 vs. 0.2 percent, respectively) (Table A.2).

4. Discussion

This study provides the most recent nationally representative estimates of a select set of clinically assessed mental disorders, with 5,653 clinical interviews completed with adults aged 18 or older between 2008 and 2012. Almost a quarter of adults aged 18 or older in the United States had at least one of the past year diagnoses that were assessed in the MHSS clinical study. The most common categories of disorders were one or more substance use disorders (7.8 percent) and one or more mood disorders (7.4 percent). The most common individual disorders were adjustment disorder (6.9 percent) and MDD (6.0 percent).

MHSS clinical study prevalence estimates of several past year disorders differed by gender. The estimated percentages of adults with several past year disorders and categories of disorders were higher among females than males, such as having one or more of the measured mood disorders (namely, MDD) or having one or more of the measured anxiety disorders (namely, specific phobia, panic disorder, GAD, and OCD). Conversely, the past year prevalence estimates of intermittent explosive disorder, alcohol abuse, alcohol dependence, and illicit drug abuse were lower among females than males.

Differences in several of the prevalence estimates of past year disorders were also seen by age group. Most significant differences were found for the younger age group (18 to 25) and/or the middle age group (26 to 49) versus the older age group (50 or older). The prevalence estimates of having at least one measured mood disorder and having one or more measured substance use disorders were higher among adults aged 18 to 25 and among

adults aged 26 to 49 than among adults aged 50 or older.

Comparisons with NCS-R Estimates

Comparisons of the prevalence estimates derived from the MHSS clinical data with those from the NCS-R must be interpreted with caution because of key differences in their assessment. There are notable differences between the disorders assessed in several diagnostic categories in the MHSS clinical study and those assessed in the NCS-R. The NCS-R included assessments of one additional mood disorder (bipolar II disorder); one additional substance use disorder (nicotine dependence); and four disorders usually first diagnosed in infancy, childhood, or adolescence (separation anxiety disorder, oppositional defiant disorder, conduct disorder, and attention-deficit/ hyperactivity disorder) that are not assessed in the MHSS clinical study.

A comparison between estimates from the two studies for specific disorders showed both similarities and differences (Table 4.1). For example, the NCS-R estimates for anxiety disorders were higher than estimates from the MHSS clinical study, including those for panic disorder with and without agoraphobia, social phobia, specific phobia, and GAD. The MHSS clinical study and the NCS-R had similar estimates of mood disorders, such as MDD and dysthymic disorder.

Table 4.1 Past Year Mental Disorders among Adults Aged 18 or Older: Select Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	Source		Between-Survey Tests	
Mental Disorder	MHSS Clinical Study Percent (SE)	NCS-R Percent (SE)	Percent Difference	*P*-value
Major Depressive Disorder	6.0% (0.3)	6.8% (0.3)	−0.8	0.0774
Dysthymic Disorder	1.7% (0.2)	1.5% (0.1)	0.2	0.4499
Panic Disorder with and without Agoraphobia	0.9% (0.1)	2.7% (0.2)	−1.8	0.0000
Social Phobia	1.0% (0.2)	7.1% (0.3)	−6.1	0.0000
Specific Phobia	1.6% (0.4)	9.1% (0.4)	−7.5	0.0000
Generalized Anxiety Disorder	1.8% (0.2)	2.7% (0.2)	−0.9	0.0015

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; NSDUH = National Survey on Drug Use and Health; SE = standard error.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27).
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH MHSS Clinical Sample, 2008-2012; NCS-R, 2001-2003 (http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf).

A number of factors may help explain the differences between prevalence estimates derived from the MHSS clinical study and those derived from the NCS-R. Different data collection modes were used in the two studies, with MHSS clinical study respondents being interviewed via telephone and NCS-R respondents being interviewed in person. Telephone interviewing removes the ability to pick up on visual cues from the respondent and may present greater challenges in developing rapport than an in-person interview. On the other hand, in-person interviews conducted in a respondent's home present challenges to privacy if others are present in the home at the time of the interview. The NCS-R data were collected from 2001 to 2003, whereas the MHSS clinical study data were collected from 2008 to 2012, so the differences observed could reflect real population-level change in the measured disorders in the intervening years.

The two studies also used different types of assessment interviews and different types of interviewers. In the MHSS clinical study, clinical interviewers administered the SCID, which is an interviewer-based assessment. The clinical interviewers followed standard interview questions with unstructured follow-up questions tailored to each respondent, and then coded the presence or absence of each disorder based on the respondent's answers to both structured and unstructured questions, as well as their clinical judgment. The quality of data gathered in this type of interview is dependent upon the clinical interviewers' ability to effectively probe for details about the respondents' experiences and the interviewers' familiarity with differing symptom presentations. In contrast, the NCS-R used lay interviewers to administer the Composite International Diagnostic Interview (CIDI), which is a respondent-based interview. The lay interviewers followed structured interview protocols, with no additional probes and no clinical judgment. The quality of data from this type of interview is somewhat dependent upon the respondents' ability to

understand the descriptions of the symptoms being described and to relate those descriptions appropriately to their own experiences and behaviors. Respondent-based interviews also rely on the respondents' ability to accurately attribute the cause of symptoms, such as symptoms that occur only after the use of medications, drugs, or alcohol, or those that occur as the result of a physical illness.

Studies comparing estimates resulting from clinical interviews and other assessment methods have found varying degrees of agreement. Clinical reappraisal studies have established good concordance between the CIDI and the SCID for specific disorders;[22,29] however, these studies typically assess the same set of individuals during the same or similar time frames. Other studies have demonstrated discordance on some symptom reports and prevalence estimates of disorders between clinical interviews and respondent-based interviews.[30,31,32,33,34] Differences in estimates may be explained by biases that exist across varying interview methods. For example, the differences between the estimated percentages of adults with disorders based on a clinician-administered interviewer-based interview and those based on a respondent-based interview administered by a lay person between the MHSS clinical study and the NCS-R may be attributable to the strengths and limitations of both types of interviews.

Context effects may also have had an effect on respondents' answers in the two studies. Context effects occur when prior questions affect responses to later questions in surveys. A respondent may answer a subsequent question in a manner that is consistent with responses to a preceding question if the two questions are closely related to each other (e.g., a respondent denies use of both cocaine and amphetamines because they are both in the stimulant drug class). As an example, the 2008 NSDUH found that the inclusion of new items to assess global impairment and suicidality before the questions on depression altered the estimates of adult MDE relative to previous years, even though the depression questions themselves did not change.[35] Therefore, context effects can occur even when identical questionnaire items are used.

The order in which disorders are assessed in the CIDI (NCS-R) and the SCID (MHSS clinical study) differed. For example, in the MHSS clinical study, psychotic symptoms and PTSD were assessed near the beginning of the SCID (following the assessment of mood disorders), but in the NCS-R, they were assessed near the end of the CIDI (following the assessments of mood disorders, other anxiety disorders, substance use disorders, eating disorders, and impulse control disorders). In addition, the MHSS assessed lifetime MDE and manic episode only if past year disorder was absent to enable proper past year diagnosis of MDD versus bipolar disorder; however, the MHSS did not assess lifetime occurrence of any other disorders. In contrast, the NCS-R assessed lifetime for all disorders, followed by an assessment of past year disorder only if the disorder was present in the person's lifetime. These differences may explain why some past year prevalence estimates are higher in the NCS-R than in the MHSS.

In addition, the MHSS clinical study and the NCS-R each used screening questions for certain disorders to determine whether further assessment was warranted. The SCID used in the MHSS clinical study included a section of screener questions at the beginning of the interview for each of the following disorders: panic disorder, agoraphobia, social phobia, specific phobia, OCD (2 questions—one for obsessions and one for compulsions), GAD, anorexia nervosa, and bulimia nervosa. The SCID also included screener questions at the beginning of the PTSD, mood episodes, and intermittent explosive disorder modules, where a "no" answer to a particular question skips the respondent out of the remainder of that module. The CIDI used in the NCS-R included *multiple* screening questions at the beginning of the interview. These questions included screeners for depression (MDD; 3 questions), mania (bipolar disorder; 3 questions), panic disorder (2 questions including one "second chance" question to query physical symptoms that come on suddenly but are not attributed to fear or panic), social phobia (4 questions), agoraphobia (4 questions), GAD (3 questions), intermittent explosive disorder (3 questions), and specific phobia (6 questions). A respondent was then routed into a disorder-specific module after the completion of the screening questions if at least one screening question was endorsed. These differences in interview context and screening patterns may explain some of the differences in prevalence estimates across surveys. Appendix B provides a detailed description of the methods used in the MHSS clinical study and the NCS-R that may contribute to differences in estimates between the two studies.

Considering the differences in methodology, survey mode, and specific measures used to assess different mental disorders can help provide context for understanding and interpreting the prevalence estimates derived from these two data sources. The goal of this comparison is to aid policymakers, researchers, and other users of mental health statistics in understanding and interpreting the prevalence estimates and other findings generated from these studies.

Accessing the MHSS clinical study data file:

The 2008-2012 NSDUH Adult Clinical Interview Data File provides the variables collected during the NSDUH interview and the MHSS clinical interview. This file is a restricted-use dataset that currently is not available as part of the

NSDUH public use file. Researchers can apply for access to the data through SAMHSA's data portal at http://www.icpsr.umich.edu/icpsrweb/content/SAMHDA/dataportal.html.

The data portal is a secure virtual computing environment hosted by SAMHSA's Substance Abuse and Mental Health Data Archive (SAMHDA) that provides authorized researchers access to confidential data for approved research projects.

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End Notes

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a NSDUH respondents who agreed to participate in the MHSS at the time of their NSDUH interview are classified as agreeing to participate.

b Originally, the MHSS was designed to collect 1,500 cases in 2008 and 500 cases in subsequent years. The National Institute of Mental Health provided funding to augment the sample by 1,000 cases in 2011 and 2012. Analyses in this report included 1,500 clinical interviews completed in 2008, 520 completed in 2009, 516 completed in 2010, 1,495 completed in 2011, and 1,622 completed in 2012.

c The WTADJX procedure in SUDAAN® (see End Note 27) calculated SEs in a way that accounted for the weights in the MHSS clinical sample being calibrated to estimated totals derived from the NSDUH main interview sample (i.e., the poststratification adjustment). For more details, see Sections 5.5 and 5.6 in Chapter 5 of Center for Behavioral Health Statistics and Quality (2014; see End Note 3).

d When comparing prevalence estimates, one can test the null hypothesis (no difference between rates) against the alternative hypothesis (there is a difference in prevalence rates) using the standard t-test (with the appropriate degrees of freedom) for the difference in proportions test (see Aldworth, J., Chromy, J. R., Davis, T. R., Foster, M. S., Packer, L. E., & Spagnola, K. [2012]. Statistical inference report. In *2011 National Survey on Drug Use and Health: Methodological resource book* [Section 14, prepared for the Substance Abuse and Mental Health Services Administration, Contract No. HHSS283200800004C, Deliverable No. 39, RTI/0211838.208.001.002]. Research Triangle Park, NC: RTI International.).

e Under the null hypothesis that there is no difference among m estimated values, a Bonferroni adjustment uses the following inequality: the probability that at least one of the $q = m(m-1)/2$ absolute pairwise differences across the m estimates is greater than a critical value (making the estimated values themselves significantly different) is less than or equal to the sum of the probabilities that each absolute pairwise difference is greater than the critical value. For example, when the null hypothesis is correct, setting the significant level for each of q pairwise differences at $.05/q$ will find an overall significant difference among m estimated values at the 5% level no more than 5% of the time. The inequality holds whether or not the estimates being compared are independent. When the inequality is strict, the resulting Bonferroni adjustment is conservative. An F test for comparing a set of differences simultaneously is unavailable when using the WTADJX procedure to estimate standard errors. If at least one of the pairwise tests is greater than the Bonferroni-adjusted alpha level, then each of the pairwise differences were examined for significant differences at that adjusted level.

f Details on the statistical imputation for NSDUH variables can be found in the 2012 NSDUH final analytic codebook introduction (Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. [2013]. *2012 National Survey on Drug Use and Health public use file codebook*. Available as a PDF at https://www.icpsr.umich.edu/icpsrweb/NAHDAP/series/64/ studies/34933) and the 2012 NSDUH Methodological Resource Book, which will be available in 2014 (Center for Behavioral Health Statistics and Quality [in press]. *2012 National Survey on Drug Use and Health: Methodological resource book*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at http://www.samhsa.gov/data/Methodological_Reports.aspx).

g Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.

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Appendix A: Percentages and Numbers of Adults with Past Year Mental Disorders from the MHSS Clinical Study

Table A.1 Past Year Mental Disorders among Adults Aged 18 or Older, by Gender: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Male % (SE)	Female % (SE)
Mood Disorders			
Bipolar I Disorder	0.4 (0.1)	0.3 (0.1)	0.5 (0.1)
Major Depressive Disorder	6.0 (0.3)	4.4 (0.5)[a]	7.5 (0.5)
Dysthymic Disorder	1.7 (0.2)	1.3 (0.4)	2.1 (0.4)

Major Depressive Episode[1]	6.3 (0.4)	4.6 (0.5)[a]	7.9 (0.5)
Manic Episode[1]	0.3 (0.1)	0.2 (0.1)	0.4 (0.1)
One or More Mood Disorders[2]	7.4 (0.4)	5.4 (0.5)[a]	9.3 (0.6)
Past Year Psychotic Symptoms			
Psychotic Symptoms	0.6 (0.1)	0.6 (0.2)	0.6 (0.2)
Past Year Anxiety Disorders			
Posttraumatic Stress Disorder	0.7 (0.1)	0.6 (0.2)	0.8 (0.1)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.3 (0.1)[a]	1.4 (0.2)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.2 (0.1)	0.2 (0.1)
Social Phobia	1.0 (0.2)	1.0 (0.2)	0.9 (0.2)
Specific Phobia	1.6 (0.4)	0.4 (0.2)[a]	2.7 (0.8)
Obsessive Compulsive Disorder	0.3 (0.1)	0.1 (0.1)[a]	0.5 (0.1)
Generalized Anxiety Disorder	1.8 (0.2)	1.0 (0.2)[a]	2.6 (0.3)
One or More Anxiety Disorders	5.7 (0.5)	3.2 (0.4)[a]	7.9 (1.0)
Past Year Impulse Control Disorders			
Intermittent Explosive Disorder	0.4 (0.1)	0.6 (0.1)	0.2 (0.1)
Past Year Substance Use Disorders[3]			
Alcohol Abuse	3.1 (0.5)	4.6 (0.9)[a]	1.7 (0.3)
Alcohol Dependence	3.3 (0.4)	4.6 (0.6)[a]	2.1 (0.4)
Alcohol Dependence or Abuse	6.4 (0.6)	9.2 (1.1)[a]	3.7 (0.6)
Illicit Drug[4] Abuse	0.9 (0.2)	1.6 (0.3)[a]	0.3 (0.1)
Illicit Drug[4] Dependence	2.1 (0.4)	2.9 (0.8)	1.3 (0.3)
Illicit Drug[4] Dependence or Abuse	3.0 (0.5)	4.4 (0.9)[a]	1.6 (0.3)
One or More Substance Use Disorders	7.8 (0.7)	11.3 (1.2)[a]	4.5 (0.6)
Past Year Adjustment Disorders			
Adjustment Disorder	6.9 (0.5)	6.8 (0.8)	7.0 (0.6)
Past Year Eating Disorders			
Anorexia Nervosa	<0.1 (<0.1)	* (*)	<0.1 (<0.1)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)[a]	<0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]			
One or More Disorders	11.5 (0.6)	8.1 (0.6)[a]	14.6 (1.1)
1 Disorder	8.0 (0.6)	6.0 (0.6)[a]	9.9 (1.0)
2 Disorders	1.8 (0.2)	1.1 (0.2)[a]	2.4 (0.2)
3+ Disorders	0.9 (0.1)	0.6 (0.1)[a]	1.2 (0.2)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]			
One or More Disorders	17.1 (0.8)	17.3 (1.3)	16.9 (1.1)
1 Disorder	11.0 (0.7)	11.9 (1.1)	10.1 (1.0)
2 Disorders	3.2 (0.4)	2.9 (0.7)	3.5 (0.5)
3+ Disorders	1.9 (0.2)	1.8 (0.4)	2.0 (0.3)
One or More Past Year Disorders (Including Substance Use Disorders and			

Adjustment Disorder)[5]			
One or More Disorders	22.5 (0.9)	22.2 (1.5)	22.8 (1.2)
1 Disorder	14.9 (0.7)	14.7 (1.2)	15.1 (1.0)
2 Disorders	4.1 (0.5)	4.4 (0.8)	3.8 (0.4)
3+ Disorders	2.2 (0.3)	2.0 (0.4)	2.4 (0.3)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[a] Difference between male estimate and female estimate is statistically significant at the 0.05 level.
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.1N Past Year Mental Disorders among Adults Aged 18 or Older, by Gender: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Male # (SE)	Female # (SE)
Mood Disorders			
Bipolar I Disorder	900 (218)	329 (162)	571 (142)
Major Depressive Disorder	13,821 (793)	4,889 (567)	8,931 (591)
Dysthymic Disorder	3,924 (562)	1,461 (423)	2,463 (426)
Major Depressive Episode[1]	14,666 (818)	5,157 (576)	9,509 (604)
Manic Episode[1]	727 (208)	267 (162)	461 (132)
One or More Mood Disorders[2]	16,987 (895)	5,965 (609)	11,022 (685)
Past Year Psychotic Symptoms			
Psychotic Symptoms	1,338 (329)	621 (210)	717 (248)
Past Year Anxiety Disorders			
Posttraumatic Stress Disorder	1,695 (217)	711 (189)	984 (165)
Panic Disorder with and without Agoraphobia	2,052 (304)	335 (109)	1,718 (282)
Agoraphobia without History of Panic Disorder	487 (155)	255 (132)	232 (85)
Social Phobia	2,235 (350)	1,130 (267)	1,105 (206)
Specific Phobia	3,719 (984)	479 (210)	3,240 (1,006)
Obsessive Compulsive Disorder	669 (147)	120 (63)	548 (135)
Generalized Anxiety Disorder	4,140 (450)	1,076 (208)	3,063 (417)
One or More Anxiety Disorders	12,944 (1,224)	3,510 (471)	9,435 (1,183)
Past Year Impulse Control Disorders			
Intermittent Explosive Disorder	911 (192)	630 (161)	282 (100)

Past Year Substance Use Disorders			
Alcohol Abuse	7,102 (1,091)	5,108 (1,026)	1,994 (414)
Alcohol Dependence	7,591 (881)	5,114 (705)	2,477 (521)
Alcohol Dependence or Abuse	14,693 (1,488)	10,222 (1,259)	4,471 (687)
Illicit Drug[4] Abuse	2,115 (400)	1,727 (372)	387 (131)
Illicit Drug[4] Dependence	4,765 (1,006)	3,195 (920)	1,570 (379)
Illicit Drug[4] Dependence or Abuse	6,880 (1,068)	4,922 (978)	1,958 (411)
One or More Substance Use Disorders	17,873 (1,617)	12,535 (1,365)	5,338 (691)
Past Year Adjustment Disorders			
Adjustment Disorder	15,982 (1,106)	7,586 (876)	8,396 (750)
Past Year Eating Disorders			
Anorexia Nervosa	12 (9)	* (*)	10 (8)
Bulimia Nervosa	58 (22)	9 (9)	49 (21)
One or More Eating Disorders	70 (19)	12 (10)	58 (17)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]			
One or More Disorders	26,119 (1,446)	8,857 (680)	17,263 (1,274)
1 Disorder	18,035 (1,312)	6,490 (648)	11,546 (1,131)
2 Disorders	3,968 (374)	1,212 (223)	2,757 (284)
3+ Disorders	1,961 (247)	601 (138)	1,359 (199)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]			
One or More Disorders	38,738 (1,900)	18,848 (1,449)	19,890 (1,356)
1 Disorder	24,519 (1,525)	12,783 (1,166)	11,736 (1,143)
2 Disorders	7,097 (992)	3,077 (781)	4,020 (595)
3+ Disorders	4,275 (546)	1,944 (425)	2,331 (314)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]			
One or More Disorders	51,189 (2,057)	24,253 (1,633)	26,936 (1,411)
1 Disorder	33,309 (1,658)	15,802 (1,312)	17,507 (1,188)
2 Disorders	9,163 (1,074)	4,755 (885)	4,408 (515)
3+ Disorders	4,887 (588)	2,136 (427)	2,751 (369)

MHSS = Mental Health Surveillance Study; SE = standard error.

***Low precision; no estimate reported.**

NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.

NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.

NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).

[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.

[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.

[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.

[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.

[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders

(included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.2 Past Year Mental Disorders among Adults Aged 18 or Older, by Age Group: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	18-25 % (SE)	26-49 % (SE)	50+ % (SE)
Mood Disorders				
Bipolar I Disorder	0.4 (0.1)	0.4 (0.1)	0.4 (0.1)	0.4 (0.2)
Major Depressive Disorder	6.0 (0.3)	7.7 (0.9)[b]	7.6 (0.6)[b]	3.7 (0.4)
Dysthymic Disorder	1.7 (0.2)	1.3 (0.3)	2.1 (0.3)	1.5 (0.4)
Major Depressive Episode[1]	6.3 (0.4)	8.4 (0.9)[b]	8.1 (0.6)[b]	3.9 (0.4)
Manic Episode[1]	0.3 (0.1)	0.2 (0.1)	0.3 (0.1)	0.4 (0.2)
One or More Mood Disorders[2]	7.4 (0.4)	8.7 (0.9)[b]	9.1 (0.6)[b]	5.2 (0.5)
Past Year Psychotic Symptoms				
Psychotic Symptoms	0.6 (0.1)	0.2 (0.1)[a]	0.6 (0.1)	0.7 (0.3)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	0.7 (0.1)	0.7 (0.2)	0.9 (0.2)	0.6 (0.2)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.7 (0.3)	1.3 (0.2)[b]	0.6 (0.2)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.1 (0.1)	0.3 (0.1)	0.2 (0.1)
Social Phobia	1.0 (0.2)	2.1 (0.8)	1.2 (0.2)[b]	0.3 (0.1)
Specific Phobia	1.6 (0.4)	1.4 (0.8)	1.0 (0.3)	2.3 (1.0)
Obsessive Compulsive Disorder	0.3 (0.1)	0.6 (0.3)	0.3 (0.1)	0.1 (0.1)
Generalized Anxiety Disorder	1.8 (0.2)	1.6 (0.4)	2.5 (0.3)[b]	1.2 (0.3)
One or More Anxiety Disorders	5.7 (0.5)	6.2 (1.2)	6.2 (0.5)	4.9 (1.1)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	0.4 (0.1)	1.1 (0.3)[b]	0.5 (0.2)[b]	<0.05 (<0.01)
Past Year Substance Use Disorders[3]				
Alcohol Abuse	3.1 (0.5)	6.9 (1.3)[b]	3.6 (0.9)	1.2 (0.5)
Alcohol Dependence	3.3 (0.4)	5.1 (1.3)[b]	4.2 (0.6)[b]	1.7 (0.4)
Alcohol Dependence or Abuse	6.4 (0.6)	12.0 (1.8)[b]	7.8 (1.0)[b]	2.9 (0.6)
Illicit Drug[4] Abuse	0.9 (0.2)	3.9 (0.9)[a,b]	0.6 (0.2)	0.2 (0.1)
Illicit Drug[4] Dependence	2.1 (0.4)	5.6 (1.2)[b]	2.7 (0.9)[b]	0.2 (0.1)
Illicit Drug[4] Dependence or Abuse	3.0 (0.5)	9.4 (1.6)[a,b]	3.3 (0.9)[b]	0.4 (0.1)
One or More Substance Use Disorders	7.8 (0.7)	16.4 (2.0)[a,b]	9.4 (1.2)[b]	3.2 (0.6)
Past Year Adjustment Disorders				
Adjustment Disorder	6.9 (0.5)	7.6 (1.4)	7.3 (0.7)	6.2 (0.8)
Past Year Eating Disorders				
Anorexia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	* (*)	* (*)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Past Year Disorders				

(Excluding Substance Use Disorders and Adjustment Disorder)[5]				
One or More Disorders	11.5 (0.6)	14.0 (1.4)[b]	13.0 (0.8)[b]	9.1 (1.2)
1 Disorder	8.0 (0.6)	8.9 (1.3)	8.5 (0.8)	7.3 (1.1)
2 Disorders	1.8 (0.2)	1.7 (0.3)	2.4 (0.3)[b]	1.1 (0.3)
3+ Disorders	0.9 (0.1)	1.0 (0.3)	1.3 (0.2)[b]	0.4 (0.1)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]				
One or More Disorders	17.1 (0.8)	25.8 (2.2)[b]	19.7 (1.4)[b]	11.5 (1.3)
1 Disorder	11.0 (0.7)	14.4 (1.7)[b]	12.0 (0.9)	8.8 (1.2)
2 Disorders	3.2 (0.4)	5.1 (1.0)[b]	3.9 (0.8)	1.8 (0.4)
3+ Disorders	1.9 (0.2)	3.9 (0.9)[b]	2.6 (0.5)[b]	0.5 (0.1)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]				
One or More Disorders	22.5 (0.9)	31.5 (2.4)[b]	25.6 (1.5)[b]	16.4 (1.3)
1 Disorder	14.9 (0.7)	19.3 (1.9)[b]	16.6 (1.1)[b]	11.7 (1.2)
2 Disorders	4.1 (0.5)	4.4 (0.6)	4.9 (0.9)	3.2 (0.6)
3+ Disorders	2.2 (0.3)	5.3 (1.4)[b]	2.8 (0.5)[b]	0.5 (0.1)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[a] Difference between estimate and 26-49 estimate is statistically significant at the 0.05 level. To account for making three pairwise comparisons, a difference is considered significant when p < .05/3 = 0.0167.
[b] Difference between estimate and 50+ estimate is statistically significant at the 0.05 level. To account for making three pairwise comparisons, a difference is considered significant when p < .05/3 = 0.0167.
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.2N Past Year Mental Disorders among Adults Aged 18 or Older, by Age Group: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	18-25 # (SE)	26-49 # (SE)	50+ # (SE)
Mood Disorders				
Bipolar I Disorder	900 (218)	120 (47)	415 (88)	366 (189)
Major Depressive Disorder	13,821 (793)	2,626 (305)	7,499 (603)	3,696 (429)
Dysthymic Disorder	3,924 (562)	432 (99)	2,013 (338)	1,478 (432)

Major Depressive Episode	14,666 (818)	2,848 (295)	7,982 (606)	3,836 (431)
Manic Episode[1]	727 (208)	78 (41)	299 (83)	351 (188)
One or More Mood Disorders[2]	16,987 (895)	2,944 (293)	8,896 (626)	5,147 (521)
Past Year Psychotic Symptoms				
Psychotic Symptoms	1,338 (329)	52 (23)	567 (136)	720 (297)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	1,695 (217)	223 (53)	871 (165)	601 (165)
Panic Disorder with and without Agoraphobia	2,052 (304)	237 (108)	1,260 (213)	555 (167)
Agoraphobia without History of Panic Disorder	487 (155)	37 (22)	277 (135)	173 (77)
Social Phobia	2,235 (350)	733 (262)	1,223 (202)	280 (103)
Specific Phobia	3,719 (984)	493 (256)	944 (248)	2,282 (999)
Obsessive Compulsive Disorder	669 (147)	202 (100)	324 (79)	143 (82)
Generalized Anxiety Disorder	4,140 (450)	530 (143)	2,425 (286)	1,185 (346)
One or More Anxiety Disorders	12,944 (1,224)	2,096 (396)	6,005 (526)	4,843 (1,093)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	911 (192)	377 (101)	496 (158)	39 (35)
Past Year Substance Use Disorders[3]				
Alcohol Abuse	7,102 (1,091)	2,342 (433)	3,523 (848)	1,237 (487)
Alcohol Dependence	7,591 (881)	1,755 (436)	4,158 (542)	1,678 (395)
Alcohol Dependence or Abuse	14,693 (1,488)	4,097 (632)	7,681 (1,005)	2,915 (633)
Illicit Drug[4] Abuse	2,115 (400)	1,313 (321)	609 (192)	193 (88)
Illicit Drug[4] Dependence	4,765 (1,006)	1,902 (420)	2,627 (913)	235 (76)
Illicit Drug[4] Dependence or Abuse	6,880 (1,068)	3,215 (544)	3,236 (927)	428 (118)
One or More Substance Use Disorders	17,873 (1,617)	5,556 (671)	9,136 (1,115)	3,181 (642)
Past Year Adjustment Disorders				
Adjustment Disorder	15,982 (1,106)	2,606 (474)	7,181 (716)	6,195 (799)
Past Year Eating Disorders				
Anorexia Nervosa	12 (9)	11 (8)	* (*)	* (*)
Bulimia Nervosa	58 (22)	15 (11)	36 (19)	7 (7)
One or More Eating Disorders	70 (19)	26 (13)	36 (19)	9 (7)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]				
One or More Disorders	26,119 (1,446)	4,696 (486)	12,592 (768)	8,832 (1,188)
1 Disorder	18,035 (1,312)	2,911 (426)	8,099 (727)	7,025 (1,101)
2 Disorders	3,968 (374)	548 (109)	2,341 (274)	1,079 (254)
3+ Disorders	1,961 (247)	331 (111)	1,220 (187)	410 (133)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]				
One or More Disorders	38,738 (1,900)	8,658 (745)	18,944 (1,319)	11,136 (1,250)
1 Disorder	24,519 (1,525)	4,677 (541)	11,409 (871)	8,433 (1,118)
2 Disorders	7,097 (992)	1,670 (342)	3,730 (771)	1,697 (434)
3+ Disorders	4,275 (546)	1,286 (303)	2,503 (437)	486 (136)
One or More Past Year Disorders (Including Substance Use Disorders and [5]				

Adjustment Disorder)				
One or More Disorders	51,189 (2,057)	10,609 (822)	24,655 (1,449)	15,925 (1,276)
1 Disorder	33,309 (1,658)	6,302 (607)	15,757 (1,030)	11,249 (1,139)
2 Disorders	9,163 (1,074)	1,442 (203)	4,680 (861)	3,041 (568)
3+ Disorders	4,887 (588)	1,719 (452)	2,657 (439)	511 (138)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.3 Past Year Mental Disorders among Adults Aged 18 or Older, by Race/Ethnicity: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Not Hispanic or Latino White % (SE)	Not Hispanic or Latino Black or African American % (SE)	Not Hispanic or Latino Other % (SE)	Hispanic or Latino % (SE)
Mood Disorders					
Bipolar I Disorder	0.4 (0.1)	0.4 (0.1)	0.2 (0.1)	0.1 (0.0)	0.7 (0.5)
Major Depressive Disorder	6.0 (0.3)	6.1 (0.4)	5.6 (1.4)	5.4 (1.1)	6.0 (1.1)
Dysthymic Disorder	1.7 (0.2)	2.0 (0.4)	0.6 (0.2)	1.8 (0.8)	1.1 (0.5)
Major Depressive Episode[1]	6.3 (0.4)	6.5 (0.4)	5.8 (1.4)	6.0 (1.2)	6.3 (1.1)
Manic Episode[1]	0.3 (0.1)	0.3 (0.1)	0.1 (0.1)	0.0 (0.0)	0.7 (0.5)
One or More Mood Disorders[2]	7.4 (0.4)	7.7 (0.4)	6.1 (1.4)	6.9 (1.3)	7.4 (1.3)
Past Year Psychotic Symptoms					
Psychotic Symptoms	0.6 (0.1)	0.5 (0.2)	1.1 (0.4)	0.1 (0.1)	0.6 (0.5)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	0.7 (0.1)	0.9 (0.1)	0.3 (0.1)	1.0 (0.5)	0.4 (0.3)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	1.0 (0.2)	0.4 (0.2)	0.4 (0.3)	0.8 (0.4)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.3 (0.1)	0.1 (0.1)	0.1 (0.1)	0.2 (0.1)
Social Phobia	1.0 (0.2)	1.1 (0.2)	0.2 (0.1)	0.3 (0.2)	1.1 (0.7)
Specific Phobia	1.6 (0.4)	0.8 (0.2)	1.5 (0.6)	0.4 (0.2)	* (*)
Obsessive Compulsive Disorder	0.3 (0.1)	0.4 (0.1)	0.3 (0.1)	0.1 (0.1)	* (*)
Generalized Anxiety Disorder	1.8 (0.2)	2.3 (0.3)	0.6 (0.2)	0.9 (0.4)	1.0 (0.5)

One or More Anxiety Disorders	5.7 (0.5)	5.6 (0.4)	2.8 (0.7)	2.9 (0.7)	9.4 (3.2)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	0.4 (0.1)	0.4 (0.1)	0.9 (0.4)	0.0 (0.0)	0.1 (0.1)
Past Year Substance Use Disorders[3]					
Alcohol Abuse	3.1 (0.5)	2.9 (0.4)	2.0 (0.7)	1.3 (0.4)	5.6 (2.5)
Alcohol Dependence	3.3 (0.4)	3.2 (0.4)	6.2 (1.9)	1.3 (0.9)	2.2 (0.6)
Alcohol Dependence or Abuse	6.4 (0.6)	6.1 (0.7)	8.2 (2.1)	2.7 (1.0)	7.8 (2.5)
Illicit Drug[4] Abuse	0.9 (0.2)	0.6 (0.1)	2.0 (1.0)	1.7 (0.9)	1.0 (0.4)
Illicit Drug[4] Dependence	2.1 (0.4)	1.7 (0.3)	4.5 (1.8)	0.7 (0.3)	* (*)
Illicit Drug[4] Dependence or Abuse	3.0 (0.5)	2.3 (0.3)	6.5 (2.0)	2.3 (0.9)	* (*)
One or More Substance Use Disorders	7.8 (0.7)	7.4 (0.7)	10.7 (2.3)	4.4 (1.4)	8.9 (2.5)
Past Year Adjustment Disorders					
Adjustment Disorder	6.9 (0.5)	7.4 (0.6)	6.6 (1.8)	8.2 (2.7)	4.2 (1.0)
Past Year Eating Disorders					
Anorexia Nervosa	<0.1 (<0.01)	<0.1 (<0.01)	* (*)	* (*)	* (*)
Bulimia Nervosa	<0.1 (<0.01)	<0.1 (<0.01)	* (*)	0.1 (0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.01)	<0.1 (<0.01)	* (*)	0.1 (0.1)	<0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	11.5 (0.6)	11.5 (0.6)	8.8 (1.6)	8.4 (1.4)	15.5 (3.5)
1 Disorder	8.0 (0.6)	7.5 (0.5)	7.0 (1.5)	5.6 (1.2)	12.7 (3.4)
2 Disorders	1.8 (0.2)	2.1 (0.2)	0.6 (0.2)	1.0 (0.4)	1.4 (0.5)
3+ Disorders	0.9 (0.1)	1.1 (0.2)	0.6 (0.2)	0.4 (0.2)	0.4 (0.3)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]					
One or More Disorders	17.1 (0.8)	16.6 (0.9)	15.8 (2.5)	12.2 (2.0)	22.9 (3.6)
1 Disorder	11.0 (0.7)	10.3 (0.7)	8.7 (1.6)	8.1 (1.8)	17.1 (3.3)
2 Disorders	3.2 (0.4)	3.0 (0.3)	3.7 (1.3)	1.9 (0.6)	* (*)
3+ Disorders	1.9 (0.2)	2.1 (0.3)	2.6 (1.3)	0.7 (0.3)	1.0 (0.4)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	22.5 (0.9)	22.5 (1.0)	20.3 (2.7)	18.8 (3.5)	26.3 (3.8)
1 Disorder	14.9 (0.7)	14.4 (0.8)	12.5 (2.0)	13.4 (3.1)	19.6 (3.4)
2 Disorders	4.1 (0.5)	4.4 (0.5)	2.9 (0.7)	2.9 (1.0)	4.3 (2.3)
3+ Disorders	2.2 (0.3)	2.2 (0.3)	4.2 (1.8)	1.0 (0.4)	1.2 (0.4)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.

[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.3N Past Year Mental Disorders among Adults Aged 18 or Older, by Race/Ethnicity: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Not Hispanic or Latino White # (SE)	Not Hispanic or Latino Black or African American # (SE)	Not Hispanic or Latino Other # (SE)	Hispanic or Latino # (SE)
Mood Disorders					
Bipolar I Disorder	900 (218)	601 (138)	43 (22)	9 (5)	247 (170)
Major Depressive Disorder	13,821 (793)	9,450 (563)	1,477 (370)	880 (175)	2,014 (382)
Dysthymic Disorder	3,924 (562)	3,109 (559)	153 (52)	294 (126)	369 (180)
Major Depressive Episode[1]	14,666 (818)	10,044 (591)	1,534 (369)	979 (192)	2,108 (385)
Manic Episode[1]	727 (208)	452 (125)	22 (17)	6 (4)	247 (170)
One or More Mood Disorders[2]	16,987 (895)	11,799 (674)	1,600 (369)	1,114 (209)	2,473 (433)
Past Year Psychotic Symptoms					
Psychotic Symptoms	1,338 (329)	836 (270)	288 (99)	20 (17)	194 (158)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	1,695 (217)	1,324 (204)	78 (37)	158 (74)	135 (108)
Panic Disorder with and without Agoraphobia	2,052 (304)	1,607 (256)	103 (41)	65 (43)	278 (134)
Agoraphobia without History of Panic Disorder	487 (155)	406 (149)	15 (14)	16 (14)	51 (41)
Social Phobia	2,235 (350)	1,743 (239)	55 (38)	57 (31)	380 (232)
Specific Phobia	3,719 (984)	1,188 (315)	394 (164)	66 (37)	* (*)
Obsessive Compulsive Disorder	669 (147)	582 (142)	75 (37)	12 (12)	* (*)
Generalized Anxiety Disorder	4,140 (450)	3,507 (414)	160 (54)	150 (59)	322 (174)
One or More Anxiety Disorders	12,944 (1,224)	8,599 (675)	748 (180)	474 (113)	3,123 (1,054)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	911 (192)	627 (167)	250 (101)	1 (1)	33 (18)
Past Year Substance Use Disorders[3]					
Alcohol Abuse	7,102 (1,091)	4,473 (666)	542 (182)	214 (71)	1,873 (818)
Alcohol Dependence	7,591 (881)	4,997 (655)	1,650 (520)	215 (144)	729 (216)
Alcohol Dependence or Abuse	14,693 (1,488)	9,470 (1,013)	2,192 (557)	429 (157)	2,602 (832)
Illicit Drug[4] Abuse	2,115 (400)	989 (211)	532 (275)	263 (141)	331 (151)
Illicit Drug[4] Dependence	4,765 (1,006)	2,638 (402)	1,184 (484)	107 (49)	* (*)
Illicit Drug[4] Dependence or Abuse	6,880 (1,068)	3,627 (453)	1,715 (546)	370 (148)	* (*)
One or More Substance Use Disorders	17,873 (1,617)	11,379 (1,092)	2,824 (623)	701 (214)	2,968 (840)
Past Year Adjustment Disorders					
Adjustment Disorder	15,982 (1,106)	11,505 (982)	1,753 (474)	1,326 (435)	1,398 (323)
Past Year Eating Disorders					
Anorexia Nervosa	12 (9)	12 (9)	* (*)	* (*)	* (*)

Bulimia Nervosa	58 (22)	41 (17)	* (*)	12 (12)	4 (4)
One or More Eating Disorders	70 (19)	53 (19)	* (*)	12 (12)	4 (4)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	26,119 (1,446)	17,338 (880)	2,300 (421)	1,356 (229)	5,125 (1,173)
1 Disorder	18,035 (1,312)	11,136 (750)	1,789 (404)	905 (198)	4,205 (1,115)
2 Disorders	3,968 (374)	3,182 (328)	153 (54)	161 (56)	472 (152)
3+ Disorders	1,961 (247)	1,602 (223)	151 (59)	65 (37)	142 (94)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]					
One or More Disorders	38,738 (1,900)	25,132 (1,299)	4,135 (651)	1,912 (310)	7,559 (1,182)
1 Disorder	24,519 (1,525)	15,416 (1,059)	2,260 (423)	1,247 (269)	5,596 (1,081)
2 Disorders	7,097 (992)	4,543 (516)	972 (341)	287 (83)	* (*)
3+ Disorders	4,275 (546)	3,156 (399)	682 (340)	106 (43)	331 (135)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	51,189 (2,057)	34,210 (1,532)	5,303 (720)	2,951 (543)	8,724 (1,257)
1 Disorder	33,309 (1,658)	21,595 (1,206)	3,255 (517)	2,075 (482)	6,384 (1,113)
2 Disorders	9,163 (1,074)	6,577 (692)	740 (189)	450 (157)	1,396 (755)
3+ Disorders	4,887 (588)	3,265 (401)	1,087 (469)	153 (57)	382 (143)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision, (DSM-IV-TR; American Psychiatric Association, 1994), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.4 Past Year Mental Disorders among Adults Aged 18 or Older, by Family Income: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Less Than $20,000 % (SE)	$20,000-$49,999 % (SE)	$50,000-$74,999 % (SE)	$75,000 or More % (SE)
Mood Disorders					
Bipolar I Disorder	0.4 (0.1)	0.9 (0.5)	0.3 (0.1)	0.5 (0.2)	0.2 (0.1)
Major Depressive Disorder	6.0 (0.3)	9.3 (1.0)	6.6 (0.7)	6.1 (1.0)	3.8 (0.4)

Dysthymic Disorder	1.7 (0.2)	4.0 (1.2)	1.2 (0.3)	1.0 (0.3)	1.5 (0.5)
Major Depressive Episode[1]	6.3 (0.4)	10.3 (1.0)	6.9 (0.7)	6.3 (1.0)	3.9 (0.4)
Manic Episode[1]	0.3 (0.1)	0.8 (0.5)	0.2 (0.1)	0.3 (0.2)	0.2 (0.1)
One or More Mood Disorders[2]	7.4 (0.4)	12.6 (1.5)	7.4 (0.8)	6.9 (1.0)	5.2 (0.7)
Past Year Psychotic Symptoms					
Psychotic Symptoms	0.6 (0.1)	2.0 (0.8)	0.6 (0.2)	0.1 (0.1)	0.1 (0.1)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	0.7 (0.1)	1.7 (0.4)	0.7 (0.2)	0.4 (0.2)	0.5 (0.2)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	1.8 (0.4)	0.9 (0.2)	0.5 (0.2)	0.7 (0.2)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.5 (0.2)	0.1 (0.0)	0.5 (0.3)	0.1 (0.1)
Social Phobia	1.0 (0.2)	1.5 (0.4)	0.6 (0.1)	1.2 (0.5)	0.9 (0.2)
Specific Phobia	1.6 (0.4)	2.1 (0.8)	3.2 (1.2)	0.3 (0.2)	0.5 (0.3)
Obsessive Compulsive Disorder	0.3 (0.1)	0.5 (0.2)	0.2 (0.1)	0.1 (0.0)	0.4 (0.2)
Generalized Anxiety Disorder	1.8 (0.2)	2.5 (0.5)	1.9 (0.4)	1.4 (0.5)	1.6 (0.3)
One or More Anxiety Disorders	5.7 (0.5)	8.6 (1.1)	6.8 (1.3)	4.1 (0.8)	3.9 (0.5)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	0.4 (0.1)	0.8 (0.2)	0.6 (0.2)	0.2 (0.1)	0.1 (0.1)
Past Year Substance Use Disorders[3]					
Alcohol Abuse	3.1 (0.5)	3.6 (1.1)	3.3 (1.1)	1.8 (0.5)	3.2 (0.6)
Alcohol Dependence	3.3 (0.4)	5.9 (1.1)	3.9 (0.7)	2.1 (0.5)	2.0 (0.5)
Alcohol Dependence or Abuse	6.4 (0.6)	9.5 (1.6)	7.2 (1.2)	3.9 (0.8)	5.3 (0.8)
Illicit Drug[4] Abuse	0.9 (0.2)	1.5 (0.4)	1.1 (0.4)	0.6 (0.3)	0.7 (0.2)
Illicit Drug[4] Dependence	2.1 (0.4)	3.9 (0.9)	3.2 (1.2)	0.8 (0.2)	0.8 (0.2)
Illicit Drug[4] Dependence or Abuse	3.0 (0.5)	5.3 (1.0)	4.2 (1.2)	1.3 (0.4)	1.5 (0.3)
One or More Substance Use Disorders	7.8 (0.7)	12.5 (1.7)	9.0 (1.4)	4.8 (0.9)	6.0 (0.9)
Past Year Adjustment Disorders					
Adjustment Disorder	6.9 (0.5)	8.4 (1.4)	5.7 (0.8)	6.5 (1.1)	7.6 (0.9)
Past Year Eating Disorders					
Anorexia Nervosa	<0.1 (<0.1)	* (*)	* (*)	<0.1 (<0.1)	* (*)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	11.5 (0.6)	18.1 (1.7)	12.9 (1.5)	9.5 (1.3)	8.0 (0.8)
1 Disorder	8.0 (0.6)	11.4 (1.4)	9.6 (1.5)	6.3 (1.0)	5.8 (0.7)
2 Disorders	1.8 (0.2)	3.1 (0.6)	1.7 (0.3)	1.9 (0.5)	1.2 (0.2)
3+ Disorders	0.9 (0.1)	2.3 (0.4)	0.8 (0.1)	0.3 (0.1)	0.6 (0.2)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]					
One or More Disorders	17.1 (0.8)	25.6 (2.2)	19.6 (1.8)	12.8 (1.3)	13.0 (1.2)
1 Disorder	11.0 (0.7)	14.1 (1.7)	12.9 (1.5)	8.3 (1.1)	9.0 (1.1)
2 Disorders	3.2 (0.4)	5.9 (1.2)	3.2 (1.1)	2.9 (0.7)	2.1 (0.3)
3+ Disorders	1.9 (0.2)	4.1 (0.9)	2.4 (0.5)	0.8 (0.2)	1.0 (0.2)
One or More Past Year Disorders					

(Including Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	22.5 (0.9)	31.8 (2.5)	23.5 (1.9)	18.7 (1.7)	19.1 (1.4)
1 Disorder	14.9 (0.7)	17.8 (1.8)	15.8 (1.5)	13.2 (1.4)	13.6 (1.2)
2 Disorders	4.1 (0.5)	7.4 (1.3)	3.8 (1.1)	3.4 (0.7)	3.3 (0.6)
3+ Disorders	2.2 (0.3)	4.3 (0.9)	3.0 (0.7)	0.8 (0.2)	1.1 (0.2)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.4N Past Year Mental Disorders among Adults Aged 18 or Older, by Family Income: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Less Than $20,000 # (SE)	$20,000-$49,999 # (SE)	$50,000-$74,999 # (SE)	$75,000 or More # (SE)
Mood Disorders					
Bipolar I Disorder	900 (218)	342 (171)	204 (58)	188 (89)	167 (82)
Major Depressive Disorder	13,821 (793)	3,338 (315)	5,084 (565)	2,494 (407)	2,905 (311)
Dysthymic Disorder	3,924 (562)	1,464 (403)	907 (209)	399 (101)	1,154 (373)
Major Depressive Episode[1]	14,666 (818)	3,729 (340)	5,332 (571)	2,590 (406)	3,015 (320)
Manic Episode[1]	727 (208)	295 (170)	153 (53)	116 (79)	164 (82)
One or More Mood Disorders[2]	16,987 (895)	4,509 (451)	5,682 (574)	2,828 (418)	3,968 (493)
Past Year Psychotic Symptoms					
Psychotic Symptoms	1,338 (329)	710 (289)	494 (146)	45 (27)	89 (50)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	1,695 (217)	620 (119)	562 (126)	166 (73)	348 (118)
Panic Disorder with and without Agoraphobia	2,052 (304)	657 (145)	672 (168)	211 (69)	512 (151)
Agoraphobia without History of Panic Disorder	487 (155)	165 (64)	43 (21)	223 (134)	56 (42)
Social Phobia	2,235 (350)	551 (129)	500 (106)	514 (222)	670 (152)
Specific Phobia	3,719 (984)	755 (297)	2,433 (970)	143 (76)	388 (196)
Obsessive Compulsive Disorder	669 (147)	179 (53)	139 (44)	25 (19)	326 (130)
Generalized Anxiety Disorder	4,140 (450)	897 (159)	1,456 (282)	560 (196)	1,226 (221)
One or More Anxiety Disorders	12,944 (1,224)	3,098 (383)	5,152 (1,003)	1,675 (346)	3,020 (416)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	911 (192)	287 (90)	429 (145)	84 (44)	111 (74)

Past Year Substance Use Disorders[3]					
Alcohol Abuse	7,102 (1,091)	1,311 (403)	2,543 (837)	753 (205)	2,494 (447)
Alcohol Dependence	7,591 (881)	2,137 (437)	3,017 (520)	861 (191)	1,576 (375)
Alcohol Dependence or Abuse	14,693 (1,488)	3,448 (590)	5,560 (937)	1,615 (300)	4,070 (639)
Illicit Drug[4] Abuse	2,115 (400)	524 (150)	813 (299)	228 (112)	550 (153)
Illicit Drug[4] Dependence	4,765 (1,006)	1,398 (320)	2,442 (908)	313 (99)	612 (184)
Illicit Drug[4] Dependence or Abuse	6,880 (1,068)	1,922 (355)	3,255 (946)	542 (161)	1,162 (245)
One or More Substance Use Disorders	17,873 (1,617)	4,481 (637)	6,835 (1,058)	1,960 (337)	4,597 (670)
Past Year Adjustment Disorders					
Adjustment Disorder	15,982 (1,106)	3,072 (517)	4,414 (614)	2,675 (481)	5,820 (671)
Past Year Eating Disorders					
Anorexia Nervosa	12 (9)	* (*)	* (*)	10 (8)	* (*)
Bulimia Nervosa	58 (22)	9 (7)	29 (16)	11 (11)	9 (9)
One or More Eating Disorders	70 (19)	9 (7)	31 (16)	20 (13)	9 (9)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	26,119 (1,446)	6,429 (538)	9,754 (1,162)	3,863 (506)	6,073 (580)
1 Disorder	18,035 (1,312)	4,001 (482)	7,132 (1,115)	2,553 (367)	4,349 (535)
2 Disorders	3,968 (374)	1,090 (189)	1,245 (241)	755 (219)	878 (149)
3+ Disorders	1,961 (247)	804 (161)	588 (98)	129 (41)	439 (128)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]					
One or More Disorders	38,738 (1,900)	9,047 (736)	14,674 (1,357)	5,226 (508)	9,791 (838)
1 Disorder	24,519 (1,525)	4,872 (599)	9,560 (1,109)	3,357 (416)	6,729 (780)
2 Disorders	7,097 (992)	2,034 (373)	2,375 (780)	1,152 (289)	1,536 (233)
3+ Disorders	4,275 (546)	1,412 (304)	1,787 (410)	318 (75)	757 (175)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	51,189 (2,057)	11,413 (816)	17,639 (1,440)	7,647 (670)	14,490 (1,012)
1 Disorder	33,309 (1,658)	6,167 (613)	11,644 (1,120)	5,313 (566)	10,186 (846)
2 Disorders	9,163 (1,074)	2,547 (422)	2,774 (786)	1,384 (284)	2,458 (444)
3+ Disorders	4,887 (588)	1,495 (312)	2,233 (491)	329 (75)	830 (181)

MHSS = Mental Health Surveillance Study; SE = standard error.

***Low precision; no estimate reported.**

NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.

NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.

NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).

[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.

[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.

[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.

[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.

[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.5 Past Year Mental Disorders among Adults Aged 18 or Older, by Highest Level of Education Achieved: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Less Than High School % (SE)	High School Graduate % (SE)	Some College % (SE)	College Graduate % (SE)
Mood Disorders					
Bipolar I Disorder	0.4 (0.1)	0.2 (0.1)	0.2 (0.1)	0.4 (0.1)	0.7 (0.3)
Major Depressive Disorder	6.0 (0.3)	6.2 (0.8)	5.8 (0.7)	7.7 (1.0)	4.6 (0.6)
Dysthymic Disorder	1.7 (0.2)	2.0 (0.7)	1.6 (0.5)	1.6 (0.4)	1.7 (0.6)
Major Depressive Episode[1]	6.3 (0.4)	6.6 (0.9)	6.1 (0.7)	8.1 (1.0)	4.9 (0.6)
Manic Episode[1]	0.3 (0.1)	0.1 (0.0)	0.1 (0.1)	0.3 (0.1)	0.7 (0.3)
One or More Mood Disorders[2]	7.4 (0.4)	7.9 (1.1)	6.8 (0.9)	8.8 (1.0)	6.5 (0.9)
Past Year Psychotic Symptoms					
Psychotic Symptoms	0.6 (0.1)	0.8 (0.3)	0.3 (0.1)	1.0 (0.4)	0.4 (0.2)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	0.7 (0.1)	1.3 (0.4)	0.9 (0.2)	0.7 (0.2)	0.4 (0.1)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.9 (0.3)	0.6 (0.2)	1.4 (0.3)	0.7 (0.2)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.2 (0.1)	0.5 (0.2)	0.1 (0.0)	0.1 (0.0)
Social Phobia	1.0 (0.2)	2.1 (0.9)	0.5 (0.2)	0.9 (0.2)	0.9 (0.2)
Specific Phobia	1.6 (0.4)	* (*)	0.9 (0.4)	0.4 (0.1)	0.9 (0.3)
Obsessive Compulsive Disorder	0.3 (0.1)	0.2 (0.1)	0.2 (0.1)	0.5 (0.2)	0.3 (0.1)
Generalized Anxiety Disorder	1.8 (0.2)	1.6 (0.5)	2.0 (0.6)	1.8 (0.3)	1.7 (0.3)
One or More Anxiety Disorders	5.7 (0.5)	12.9 (3.3)	5.0 (0.8)	4.4 (0.4)	4.3 (0.6)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	0.4 (0.1)	1.1 (0.5)	0.6 (0.2)	0.2 (0.1)	0.0 (0.0)
Past Year Substance Use Disorders[3]					
Alcohol Abuse	3.1 (0.5)	* (*)	3.2 (0.9)	2.3 (0.5)	3.4 (0.6)
Alcohol Dependence	3.3 (0.4)	4.6 (1.1)	4.2 (0.9)	3.9 (0.8)	1.3 (0.4)
Alcohol Dependence or Abuse	6.4 (0.6)	8.4 (2.4)	7.4 (1.4)	6.1 (1.0)	4.7 (0.7)
Illicit Drug[4] Abuse	0.9 (0.2)	0.7 (0.3)	1.4 (0.5)	0.9 (0.3)	0.5 (0.2)
Illicit Drug[4] Dependence	2.1 (0.4)	* (*)	2.4 (0.7)	2.0 (0.6)	0.6 (0.2)
Illicit Drug[4] Dependence or Abuse	3.0 (0.5)	5.3 (2.6)	3.9 (0.8)	2.9 (0.6)	1.1 (0.3)
One or More Substance Use Disorders	7.8 (0.7)	10.6 (2.6)	9.2 (1.4)	7.6 (1.0)	5.3 (0.7)
Past Year Adjustment Disorders					
Adjustment Disorder	6.9 (0.5)	6.2 (1.5)	7.2 (0.9)	5.3 (0.8)	8.4 (0.9)
Past Year Eating Disorders					
Anorexia Nervosa	<0.1 (<0.1)	* (*)	* (*)	<0.1 (<0.1)	* (*)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Past Year Disorders					

(Excluding Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	11.5 (0.6)	19.9 (3.5)	10.5 (1.1)	11.2 (1.0)	9.1 (1.0)
1 Disorder	8.0 (0.6)	16.1 (3.5)	6.9 (0.9)	7.0 (0.8)	6.6 (0.9)
2 Disorders	1.8 (0.2)	1.9 (0.5)	1.5 (0.4)	2.5 (0.4)	1.3 (0.2)
3+ Disorders	0.9 (0.1)	0.6 (0.2)	0.9 (0.2)	1.0 (0.2)	0.8 (0.2)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]					
One or More Disorders	17.1 (0.8)	28.5 (3.3)	17.0 (1.6)	16.1 (1.3)	13.2 (1.2)
1 Disorder	11.0 (0.7)	20.6 (3.5)	10.1 (1.2)	9.4 (1.0)	9.2 (1.1)
2 Disorders	3.2 (0.4)	5.0 (2.4)	3.5 (0.8)	2.9 (0.3)	2.3 (0.4)
3+ Disorders	1.9 (0.2)	1.5 (0.4)	2.1 (0.5)	2.8 (0.7)	1.1 (0.3)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	22.5 (0.9)	33.0 (3.3)	22.5 (1.7)	20.2 (1.5)	20.1 (1.4)
1 Disorder	14.9 (0.7)	23.5 (3.5)	14.2 (1.4)	12.3 (1.1)	14.3 (1.2)
2 Disorders	4.1 (0.5)	6.6 (2.5)	3.8 (0.7)	3.9 (0.4)	3.5 (0.8)
3+ Disorders	2.2 (0.3)	1.6 (0.4)	2.7 (0.7)	3.0 (0.7)	1.3 (0.3)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.5N Past Year Mental Disorders among Adults Aged 18 or Older, by Highest Level of Education Achieved: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Less Than High School # (SE)	High School Graduate # (SE)	Some College # (SE)	College Graduate # (SE)
Mood Disorders					
Bipolar I Disorder	900 (218)	54 (27)	115 (44)	224 (61)	507 (204)
Major Depressive Disorder	13,821 (793)	1,856 (240)	3,916 (469)	4,860 (573)	3,190 (362)
Dysthymic Disorder	3,924 (562)	590 (219)	1,116 (348)	1,032 (219)	1,186 (406)
Major Depressive Episode[1]	14,666 (818)	1,997 (251)	4,118 (474)	5,162 (572)	3,388 (372)
Manic Episode[1]	727 (208)	18 (9)	65 (34)	189 (58)	455 (199)
[2]	16,987 (895)	2,352 (303)	4,600 (607)	5,532 (569)	4,503 (595)

One or More Mood Disorders					
Past Year Psychotic Symptoms					
Psychotic Symptoms	1,338 (329)	229 (101)	208 (70)	606 (250)	295 (171)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	1,695 (217)	378 (107)	598 (140)	450 (123)	269 (73)
Panic Disorder with and without Agoraphobia	2,052 (304)	265 (100)	415 (127)	869 (173)	503 (161)
Agoraphobia without History of Panic Disorder	487 (155)	57 (38)	329 (137)	42 (28)	59 (30)
Social Phobia	2,235 (350)	638 (264)	371 (110)	587 (115)	638 (133)
Specific Phobia	3,719 (984)	* (*)	601 (266)	246 (70)	636 (233)
Obsessive Compulsive Disorder	669 (147)	57 (30)	121 (39)	286 (95)	205 (103)
Generalized Anxiety Disorder	4,140 (450)	478 (158)	1,367 (388)	1,117 (168)	1,177 (169)
One or More Anxiety Disorders	12,944 (1,224)	3,866 (1,035)	3,333 (513)	2,757 (256)	2,988 (411)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	911 (192)	337 (135)	417 (125)	140 (76)	17 (11)
Past Year Substance Use Disorders[3]					
Alcohol Abuse	7,102 (1,091)	* (*)	2,150 (607)	1,443 (300)	2,366 (378)
Alcohol Dependence	7,591 (881)	1,398 (323)	2,847 (657)	2,446 (540)	900 (246)
Alcohol Dependence or Abuse	14,693 (1,488)	2,539 (762)	4,998 (960)	3,889 (644)	3,267 (446)
Illicit Drug[4] Abuse	2,115 (400)	201 (93)	969 (314)	592 (179)	354 (137)
Illicit Drug[4] Dependence	4,765 (1,006)	* (*)	1,658 (452)	1,269 (344)	432 (166)
Illicit Drug[4] Dependence or Abuse	6,880 (1,068)	1,606 (810)	2,627 (574)	1,861 (390)	786 (200)
One or More Substance Use Disorders	17,873 (1,617)	3,211 (861)	6,195 (1,024)	4,802 (665)	3,665 (465)
Past Year Adjustment Disorders					
Adjustment Disorder	15,982 (1,106)	1,885 (474)	4,899 (649)	3,344 (497)	5,853 (675)
Past Year Eating Disorders					
Anorexia Nervosa	12 (9)	* (*)	* (*)	9 (8)	* (*)
Bulimia Nervosa	58 (22)	5 (5)	12 (12)	17 (11)	24 (14)
One or More Eating Disorders	70 (19)	5 (5)	15 (13)	26 (14)	24 (14)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	26,119 (1,446)	5,925 (1,075)	6,989 (763)	6,976 (577)	6,230 (672)
1 Disorder	18,035 (1,312)	4,699 (1,077)	4,536 (649)	4,314 (497)	4,486 (631)
2 Disorders	3,968 (374)	554 (147)	991 (238)	1,517 (228)	906 (139)
3+ Disorders	1,961 (247)	179 (61)	577 (111)	645 (128)	559 (158)
One or More Past Year Disorders (Excluding Adjustment Disorder)[5]					
One or More Disorders	38,738 (1,900)	8,468 (1,184)	11,281 (1,159)	9,964 (781)	9,025 (774)
1 Disorder	24,519 (1,525)	5,993 (1,112)	6,598 (868)	5,724 (620)	6,204 (715)
2 Disorders	7,097 (992)	1,450 (724)	2,317 (544)	1,805 (201)	1,525 (290)
3+ Disorders	4,275 (546)	450 (107)	1,359 (316)	1,697 (394)	769 (177)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[5]					
One or More Disorders	51,189 (2,057)	9,796 (1,247)	15,099 (1,257)	12,504 (937)	13,790 (941)
1 Disorder	33,309 (1,658)	6,837 (1,136)	9,282 (938)	7,539 (731)	9,652 (734)

2 Disorders	9,163 (1,074)	1,931 (750)	2,516 (456)	2,356 (269)	2,361 (512)
3+ Disorders	4,887 (588)	459 (107)	1,765 (455)	1,809 (397)	854 (182)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 adult respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[2] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[3] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[4] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[5] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.6 Past Year Mental Disorders among Adults Aged 18 or Older, by Metropolitan Status of County[1] of Residence: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Large Metropolitan[2] % (SE)	Small Metropolitan[3] % (SE)	Non-Metropolitan[4] % (SE)
Mood Disorders				
Bipolar I Disorder	0.4 (0.1)	0.6 (0.2)	0.2 (0.0)	0.2 (0.1)
Major Depressive Disorder	6.0 (0.3)	6.1 (0.6)	6.2 (0.5)	5.3 (0.7)
Dysthymic Disorder	1.7 (0.2)	2.1 (0.4)	1.5 (0.2)	0.9 (0.2)
Major Depressive Episode[5]	6.3 (0.4)	6.4 (0.6)	6.6 (0.5)	5.6 (0.7)
Manic Episode[5]	0.3 (0.1)	0.5 (0.2)	0.1 (0.0)	0.1 (0.1)
One or More Mood Disorders[6]	7.4 (0.4)	8.0 (0.7)	7.2 (0.5)	5.8 (0.7)
Past Year Psychotic Symptoms				
Psychotic Symptoms	0.6 (0.1)	0.5 (0.2)	0.6 (0.3)	1.0 (0.4)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	0.7 (0.1)	0.5 (0.1)	0.6 (0.1)	1.6 (0.4)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.9 (0.2)	1.1 (0.2)	0.4 (0.1)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.2 (0.1)	0.0 (0.0)	0.5 (0.2)
Social Phobia	1.0 (0.2)	1.0 (0.2)	0.9 (0.2)	0.9 (0.2)
Specific Phobia	1.6 (0.4)	2.4 (0.8)	1.0 (0.3)	0.2 (0.1)
Obsessive Compulsive Disorder	0.3 (0.1)	0.4 (0.1)	0.3 (0.1)	0.1 (0.0)
Generalized Anxiety Disorder	1.8 (0.2)	1.6 (0.3)	1.8 (0.2)	2.4 (0.7)
One or More Anxiety Disorders	5.7 (0.5)	6.3 (0.9)	4.7 (0.5)	5.4 (0.9)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	0.4 (0.1)	0.4 (0.1)	0.3 (0.1)	0.6 (0.2)
Past Year Substance Use Disorders[7]				
Alcohol Abuse	3.1 (0.5)	3.3 (0.6)	3.3 (1.1)	2.0 (0.5)

Alcohol Dependence	3.3 (0.4)	3.4 (0.6)	3.4 (0.6)	2.6 (0.6)
Alcohol Dependence or Abuse	6.4 (0.6)	6.7 (0.9)	6.6 (1.3)	4.6 (0.7)
Illicit Drug[8] Abuse	0.9 (0.2)	0.8 (0.2)	0.9 (0.4)	1.3 (0.5)
Illicit Drug[8] Dependence	2.1 (0.4)	2.2 (0.5)	2.7 (1.1)	0.5 (0.2)
Illicit Drug[8] Dependence or Abuse	3.0 (0.5)	3.0 (0.5)	3.6 (1.1)	1.8 (0.5)
One or More Substance Use Disorders	7.8 (0.7)	8.1 (0.9)	8.2 (1.3)	5.8 (0.8)
Past Year Adjustment Disorders				
Adjustment Disorder	6.9 (0.5)	7.4 (0.8)	6.7 (0.8)	5.8 (0.8)
Past Year Eating Disorders				
Anorexia Nervosa	<0.1 (<0.1)	* (*)	<0.1 (<0.1)	<0.1 (<0.1)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	11.5 (0.6)	12.7 (1.1)	10.2 (0.7)	10.1 (1.1)
1 Disorder	8.0 (0.6)	9.3 (1.1)	6.4 (0.7)	6.9 (1.0)
2 Disorders	1.8 (0.2)	1.7 (0.3)	1.9 (0.3)	1.7 (0.3)
3+ Disorders	0.9 (0.1)	0.9 (0.2)	1.0 (0.2)	0.5 (0.1)
One or More Past Year Disorders (Excluding Adjustment Disorder)[9]				
One or More Disorders	17.1 (0.8)	18.4 (1.3)	16.7 (1.5)	14.1 (1.3)
1 Disorder	11.0 (0.7)	12.1 (1.1)	10.2 (1.1)	8.9 (1.1)
2 Disorders	3.2 (0.4)	3.2 (0.5)	3.4 (1.0)	2.8 (0.5)
3+ Disorders	1.9 (0.2)	2.1 (0.4)	2.1 (0.4)	1.1 (0.2)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	22.5 (0.9)	23.8 (1.4)	22.3 (1.6)	18.9 (1.6)
1 Disorder	14.9 (0.7)	16.0 (1.2)	14.2 (1.2)	12.7 (1.4)
2 Disorders	4.1 (0.5)	4.2 (0.6)	4.2 (1.1)	3.7 (0.6)
3+ Disorders	2.2 (0.3)	2.5 (0.4)	2.2 (0.4)	1.2 (0.3)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] All U.S. counties and county equivalents were grouped based on revised definitions of metropolitan statistical areas and new definitions of micropolitan statistical areas as defined by the Office of Management and Budget in June 2003. These codes are updated periodically and are available at http://ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx by clicking on that page's link to the "Rural/Urban Continuum Codes."
[2] Large metro areas have a total population of 1 million or more.
[3] Small metro areas have a total population of fewer than 1 million.
[4] Nonmetropolitan (nonmetro) areas include counties in micropolitan statistical areas as well as counties outside of both metropolitan and micropolitan statistical areas.
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[7] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.

[8] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[9] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.6N Past Year Mental Disorders among Adults Aged 18 or Older, by Metropolitan Status of County[1] of Residence: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Large Metropolitan[2] # (SE)	Small Metropolitan[3] # (SE)	Non-Metropolitan[4] # (SE)
Mood Disorders				
Bipolar I Disorder	900 (218)	689 (213)	142 (34)	69 (35)
Major Depressive Disorder	13,821 (793)	7,299 (668)	4,496 (388)	2,026 (253)
Dysthymic Disorder	3,924 (562)	2,514 (513)	1,072 (145)	338 (73)
Major Depressive Episode[5]	14,666 (818)	7,699 (677)	4,790 (402)	2,177 (267)
Manic Episode[5]	727 (208)	571 (203)	102 (33)	54 (34)
One or More Mood Disorders[6]	16,987 (895)	9,620 (846)	5,146 (394)	2,221 (259)
Past Year Psychotic Symptoms				
Psychotic Symptoms	1,338 (329)	577 (201)	393 (224)	367 (138)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	1,695 (217)	629 (155)	442 (86)	624 (163)
Panic Disorder with and without Agoraphobia	2,052 (304)	1,132 (247)	771 (157)	149 (46)
Agoraphobia without History of Panic Disorder	487 (155)	245 (127)	32 (22)	210 (77)
Social Phobia	2,235 (350)	1,251 (278)	641 (136)	343 (96)
Specific Phobia	3,719 (984)	2,900 (981)	735 (254)	85 (44)
Obsessive Compulsive Disorder	669 (147)	423 (130)	208 (67)	38 (15)
Generalized Anxiety Disorder	4,140 (450)	1,903 (318)	1,318 (166)	919 (279)
One or More Anxiety Disorders	12,944 (1,224)	7,553 (1,133)	3,326 (369)	2,065 (346)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	911 (192)	507 (146)	188 (89)	216 (76)
Past Year Substance Use Disorders[7]				
Alcohol Abuse	7,102 (1,091)	3,965 (698)	2,359 (817)	778 (194)
Alcohol Dependence	7,591 (881)	4,146 (670)	2,448 (442)	997 (215)
Alcohol Dependence or Abuse	14,693 (1,488)	8,111 (1,037)	4,807 (967)	1,775 (284)
Illicit Drug[8] Abuse	2,115 (400)	1,003 (223)	620 (281)	492 (194)
Illicit Drug[8] Dependence	4,765 (1,006)	2,597 (546)	1,963 (799)	205 (57)
Illicit Drug[8] Dependence or Abuse	6,880 (1,068)	3,600 (585)	2,583 (831)	697 (202)
One or More Substance Use Disorders	17,873 (1,617)	9,714 (1,106)	5,944 (993)	2,215 (312)
Past Year Adjustment Disorders				
Adjustment Disorder	15,982 (1,106)	8,888 (965)	4,852 (554)	2,242 (308)
Past Year Eating Disorders				
Anorexia Nervosa	12 (9)	* (*)	5 (3)	8 (8)
Bulimia Nervosa	58 (22)	26 (14)	27 (16)	5 (5)
One or More Eating Disorders	70 (19)	26 (14)	32 (16)	13 (10)

One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	26,119 (1,446)	15,062 (1,369)	7,211 (539)	3,846 (436)
1 Disorder	18,035 (1,312)	10,967 (1,286)	4,473 (499)	2,595 (392)
2 Disorders	3,968 (374)	1,974 (306)	1,350 (167)	644 (112)
3+ Disorders	1,961 (247)	1,089 (194)	687 (111)	184 (47)
One or More Past Year Disorders (Excluding Adjustment Disorder)[9]				
One or More Disorders	38,738 (1,900)	21,723 (1,581)	11,676 (1,134)	5,338 (510)
1 Disorder	24,519 (1,525)	14,149 (1,366)	7,032 (754)	3,338 (453)
2 Disorders	7,097 (992)	3,685 (601)	2,353 (727)	1,059 (185)
3+ Disorders	4,275 (546)	2,418 (438)	1,441 (266)	416 (87)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	51,189 (2,057)	28,234 (1,722)	15,780 (1,193)	7,175 (623)
1 Disorder	33,309 (1,658)	18,729 (1,455)	9,810 (800)	4,769 (553)
2 Disorders	9,163 (1,074)	4,852 (681)	2,922 (800)	1,388 (214)
3+ Disorders	4,887 (588)	2,931 (482)	1,499 (265)	457 (92)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] All U.S. counties and county equivalents were grouped based on revised definitions of metropolitan statistical areas and new definitions of micropolitan statistical areas as defined by the Office of Management and Budget in June 2003. These codes are updated periodically and are available at http://ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx by clicking on that page's link to the "Rural/Urban Continuum Codes."
[2] Large metro areas have a total population of 1 million or more.
[3] Small metro areas have a total population of fewer than 1 million.
[4] Nonmetropolitan (nonmetro) areas include counties in micropolitan statistical areas as well as counties outside of both metropolitan and micropolitan statistical areas.
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[7] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[8] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[9] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.7 Past Year Mental Disorders among Adults Aged 18 or Older, by Poverty Level:[1] Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Less Than 100%[2] % (SE)	100%-199%[3] % (SE)	200% or More[4] % (SE)

Mood Disorders				
Bipolar I Disorder	0.4 (0.1)	1.1 (0.6)	0.3 (0.1)	0.3 (0.1)
Major Depressive Disorder	6.0 (0.3)	7.4 (1.0)	8.8 (1.2)	5.0 (0.3)
Dysthymic Disorder	1.7 (0.2)	2.9 (0.9)	2.6 (0.8)	1.3 (0.3)
Major Depressive Episode[5]	6.3 (0.4)	8.6 (1.1)	9.2 (1.2)	5.2 (0.4)
Manic Episode[5]	0.3 (0.1)	0.9 (0.6)	0.3 (0.1)	0.2 (0.1)
One or More Mood Disorders[6]	7.4 (0.4)	10.2 (1.5)	10.6 (1.3)	6.1 (0.4)
Past Year Psychotic Symptoms				
Psychotic Symptoms	0.6 (0.1)	2.3 (1.0)	0.7 (0.2)	0.2 (0.1)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	0.7 (0.1)	1.6 (0.4)	0.8 (0.2)	0.6 (0.1)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	1.8 (0.5)	0.9 (0.3)	0.7 (0.2)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.5 (0.2)	0.1 (0.0)	0.2 (0.1)
Social Phobia	1.0 (0.2)	1.6 (0.4)	0.7 (0.2)	0.9 (0.2)
Specific Phobia	1.6 (0.4)	2.3 (1.0)	5.1 (2.2)	0.5 (0.1)
Obsessive Compulsive Disorder	0.3 (0.1)	0.6 (0.2)	0.1 (0.0)	0.3 (0.1)
Generalized Anxiety Disorder	1.8 (0.2)	2.7 (0.6)	2.1 (0.6)	1.5 (0.2)
One or More Anxiety Disorders	5.7 (0.5)	8.7 (1.2)	9.5 (2.3)	4.1 (0.4)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	0.4 (0.1)	0.8 (0.3)	0.7 (0.3)	0.3 (0.1)
Past Year Substance Use Disorders[7]				
Alcohol Abuse	3.1 (0.5)	3.1 (0.9)	4.8 (2.0)	2.6 (0.3)
Alcohol Dependence	3.3 (0.4)	6.2 (1.4)	4.1 (1.0)	2.5 (0.4)
Alcohol Dependence or Abuse	6.4 (0.6)	9.3 (1.7)	9.0 (2.2)	5.1 (0.5)
Illicit Drug[8] Abuse	0.9 (0.2)	1.1 (0.5)	1.7 (0.7)	0.6 (0.1)
Illicit Drug[8] Dependence	2.1 (0.4)	4.1 (1.1)	4.4 (1.8)	1.0 (0.2)
Illicit Drug[8] Dependence or Abuse	3.0 (0.5)	5.2 (1.2)	6.2 (1.9)	1.6 (0.3)
One or More Substance Use Disorders	7.8 (0.7)	12.0 (2.0)	11.2 (2.2)	6.0 (0.6)
Past Year Adjustment Disorders				
Adjustment Disorder	6.9 (0.5)	8.8 (1.4)	6.3 (1.2)	6.7 (0.5)
Past Year Eating Disorders				
Anorexia Nervosa	<0.1 (<0.1)	* (*)	<0.1 (<0.1)	* (*)
Bulimia Nervosa	<0.1 (<0.1)	<0.05 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorder	<0.1 (<0.1)	<0.05 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	11.5 (0.6)	16.4 (1.8)	18.1 (2.7)	8.8 (0.5)
1 Disorder	8.0 (0.6)	9.9 (1.5)	13.9 (2.6)	6.1 (0.4)
2 Disorders	1.8 (0.2)	2.9 (0.7)	2.0 (0.3)	1.5 (0.2)
3+ Disorders	0.9 (0.1)	2.0 (0.4)	1.0 (0.3)	0.6 (0.1)
One or More Past Year Disorders (Excluding Adjustment Disorder)[9]				
One or More Disorders	17.1 (0.8)	24.8 (2.8)	25.2 (2.7)	13.5 (0.7)
1 Disorder	11.0 (0.7)	15.0 (2.2)	14.7 (2.4)	9.2 (0.6)

2 Disorders	3.2 (0.4)	3.7 (0.7)	6.3 (2.0)	2.2 (0.3)
3+ Disorders	1.9 (0.2)	4.2 (1.0)	2.8 (0.8)	1.3 (0.2)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	22.5 (0.9)	31.3 (3.0)	29.6 (2.9)	18.9 (0.9)
1 Disorder	14.9 (0.7)	19.1 (2.2)	18.2 (2.5)	13.2 (0.7)
2 Disorders	4.1 (0.5)	5.5 (1.1)	5.8 (1.9)	3.4 (0.4)
3+ Disorders	2.2 (0.3)	4.5 (1.0)	3.8 (0.9)	1.4 (0.2)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
NOTE: Because of missing values, the sum of the levels of poverty may not equal the total.
[1] The poverty level is calculated as a percentage of the U.S. Census Bureau poverty threshold by dividing the respondent's reported total family income by the appropriate poverty threshold amount. If a family's total income is at or below the U.S. Census Bureau poverty threshold for the corresponding size and composition, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. Census Bureau poverty threshold). Poverty level is a comparison of a respondent's total family income with the U.S. Census Bureau poverty threshold (both measured in dollar amounts) in order to determine the poverty status of the respondent and his or her family. Information on family income, size, and composition (i.e., number of children) is used to determine the respondent's poverty level. In addition, the measure for poverty level excludes respondents aged 18 to 22 who were living in a college dormitory.
[2] Total family income is less than 100 percent of the U.S. Census Bureau poverty threshold (i.e., total family income is below poverty threshold).
[3] Total family income is between 100 and 199 percent of the U.S. Census Bureau poverty threshold (i.e., total family income is at or above the poverty threshold but is less than twice the poverty threshold).
[4] Total family income is 200 percent or more of the U.S. Census Bureau poverty threshold (i.e., total family income is twice the poverty threshold or greater).
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[7] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[8] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[9] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.7N Past Year Mental Disorders among Adults Aged 18 or Older, by Poverty Level:[1] Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Less Than 100%[2] # (SE)	100%-199%[3] # (SE)	200% or More[4] # (SE)
Mood Disorders				
Bipolar I Disorder	900 (218)	318 (170)	143 (54)	439 (126)
Major Depressive Disorder	13,821 (793)	2,085 (217)	3,838 (525)	7,877 (564)
Dysthymic Disorder	3,924 (562)	817 (229)	1,107 (329)	1,999 (437)
Major Depressive Episode[5]	14,666 (818)	2,449 (243)	4,007 (527)	8,190 (576)
Manic Episode[5]	727 (208)	270 (169)	126 (51)	332 (116)
One or More Mood Disorders[6]	16,987 (895)	2,874 (343)	4,589 (552)	9,502 (637)
Past Year Psychotic Symptoms				

Psychotic Symptoms	1,338 (329)	669 (287)	287 (101)	381 (122)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	1,695 (217)	465 (93)	347 (98)	884 (193)
Panic Disorder with and without Agoraphobia	2,052 (304)	519 (135)	396 (108)	1,135 (246)
Agoraphobia without History of Panic Disorder	487 (155)	145 (62)	35 (18)	307 (137)
Social Phobia	2,235 (350)	452 (120)	317 (82)	1,466 (277)
Specific Phobia	3,719 (984)	652 (283)	2,237 (960)	830 (222)
Obsessive Compulsive Disorder	669 (147)	163 (52)	48 (21)	458 (141)
Generalized Anxiety Disorder	4,140 (450)	763 (151)	920 (261)	2,443 (340)
One or More Anxiety Disorders	12,944 (1,224)	2,460 (367)	4,089 (1,010)	6,380 (600)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	911 (192)	222 (77)	291 (122)	398 (129)
Past Year Substance Use Disorders[7]				
Alcohol Abuse	7,102 (1,091)	888 (267)	2,099 (862)	4,097 (527)
Alcohol Dependence	7,591 (881)	1,769 (424)	1,801 (463)	4,007 (554)
Alcohol Dependence or Abuse	14,693 (1,488)	2,657 (524)	3,900 (956)	8,103 (768)
Illicit Drug[8] Abuse	2,115 (400)	322 (148)	745 (303)	974 (218)
Illicit Drug[8] Dependence	4,765 (1,006)	1,149 (302)	1,937 (783)	1,600 (339)
Illicit Drug[8] Dependence or Abuse	6,880 (1,068)	1,471 (350)	2,682 (824)	2,574 (419)
One or More Substance Use Disorders	17,873 (1,617)	3,384 (588)	4,874 (978)	9,440 (838)
Past Year Adjustment Disorders				
Adjustment Disorder	15,982 (1,106)	2,513 (389)	2,734 (521)	10,644 (827)
Past Year Eating Disorders				
Anorexia Nervosa	12 (9)	* (*)	10 (8)	* (*)
Bulimia Nervosa	58 (22)	4 (4)	25 (15)	29 (16)
One or More Eating Disorders	70 (19)	4 (4)	35 (10)	31 (16)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	26,119 (1,446)	4,580 (467)	7,793 (1,190)	13,721 (813)
1 Disorder	18,035 (1,312)	2,715 (413)	5,894 (1,152)	9,413 (645)
2 Disorders	3,968 (374)	806 (170)	856 (125)	2,294 (306)
3+ Disorders	1,961 (247)	561 (111)	445 (131)	955 (194)
One or More Past Year Disorders (Excluding Adjustment Disorder)[9]				
One or More Disorders	38,738 (1,900)	6,882 (713)	10,824 (1,217)	20,835 (1,058)
1 Disorder	24,519 (1,525)	4,063 (572)	6,215 (1,053)	14,068 (922)
2 Disorders	7,097 (992)	1,012 (172)	2,640 (853)	3,420 (443)
3+ Disorders	4,275 (546)	1,149 (294)	1,189 (364)	1,936 (307)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[9]				
One or More Disorders	51,189 (2,057)	8,743 (788)	12,819 (1,312)	29,344 (1,279)
1 Disorder	33,309 (1,658)	5,176 (577)	7,699 (1,086)	20,183 (1,082)
2 Disorders	9,163 (1,074)	1,493 (281)	2,457 (799)	5,186 (602)
3+ Disorders	4,887 (588)	1,223 (301)	1,594 (405)	2,067 (309)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] The poverty level is calculated as a percentage of the U.S. Census Bureau poverty threshold by dividing the respondent's reported total family income by the appropriate poverty threshold amount. If a family's total income is at or below the U.S. Census Bureau poverty threshold for the corresponding size and composition, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. Census Bureau poverty threshold). Poverty level is a comparison of a respondent's total family income with the U.S. Census Bureau poverty threshold (both measured in dollar amounts) in order to determine the poverty status of the respondent and his or her family. Information on family income, size, and composition (i.e., number of children) is used to determine the respondent's poverty level. In addition, the measure for poverty level excludes respondents aged 18 to 22 who were living in a college dormitory.
[2] Total family income is less than 100 percent of the U.S. Census Bureau poverty threshold (i.e., total family income is below poverty threshold).
[3] Total family income is between 100 and 199 percent of the U.S. Census Bureau poverty threshold (i.e., total family income is at or above the poverty threshold but is less than twice the poverty threshold).
[4] Total family income is 200 percent or more of the U.S. Census Bureau poverty threshold (i.e., total family income is twice the poverty threshold or greater).
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[7] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[8] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[9] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.8 Past Year Mental Disorders among Adults Aged 18 or Older, by Current Employment Status: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Full Time % (SE)	Part Time % (SE)	Unemployed % (SE)	Other[1] % (SE)
Mood Disorders					
Bipolar I Disorder	0.4 (0.1)	0.1 (0.1)	0.4 (0.2)	0.0 (0.0)	0.9 (0.3)
Major Depressive Disorder	6.0 (0.3)	5.4 (0.5)	7.4 (0.9)	6.2 (1.2)	6.4 (0.8)
Dysthymic Disorder	1.7 (0.2)	1.1 (0.2)	2.0 (0.5)	1.9 (0.5)	2.6 (0.7)
Major Depressive Episode[2]	6.3 (0.4)	5.5 (0.5)	7.8 (0.9)	6.5 (1.2)	7.2 (0.8)
Manic Episode[2]	0.3 (0.1)	0.1 (0.1)	0.4 (0.2)	0.0 (0.0)	0.7 (0.3)
One or More Mood Disorders[3]	7.4 (0.4)	6.0 (0.5)	8.8 (1.0)	7.0 (1.3)	9.3 (1.0)
Past Year Psychotic Symptoms					
Psychotic Symptoms	0.6 (0.1)	0.1 (0.1)	0.5 (0.3)	0.3 (0.1)	1.4 (0.4)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	0.7 (0.1)	0.4 (0.1)	0.8 (0.3)	0.5 (0.2)	1.4 (0.2)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.5 (0.1)	1.8 (0.6)	0.8 (0.4)	1.2 (0.3)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.2 (0.1)	0.0 (0.0)	0.1 (0.1)	0.4 (0.1)
Social Phobia	1.0 (0.2)	0.7 (0.1)	1.2 (0.4)	1.1 (0.4)	1.3 (0.4)
Specific Phobia	1.6 (0.4)	0.7 (0.2)	0.7 (0.4)	1.8 (1.3)	3.6 (1.4)
Obsessive Compulsive Disorder	0.3 (0.1)	0.2 (0.1)	0.3 (0.1)	0.3 (0.2)	0.5 (0.2)
Generalized Anxiety Disorder	1.8 (0.2)	1.6 (0.2)	2.3 (0.6)	3.1 (1.5)	1.5 (0.3)

One or More Anxiety Disorders	5.7 (0.5)	3.7 (0.4)	5.6 (0.9)	6.9 (2.1)	8.9 (1.6)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	0.4 (0.1)	0.3 (0.1)	0.6 (0.3)	1.4 (0.6)	0.2 (0.1)
Past Year Substance Use Disorders[4]					
Alcohol Abuse	3.1 (0.5)	3.8 (0.8)	2.8 (0.8)	4.4 (1.6)	1.6 (0.5)
Alcohol Dependence	3.3 (0.4)	3.1 (0.4)	4.0 (1.2)	3.4 (1.2)	3.2 (0.8)
Alcohol Dependence or Abuse	6.4 (0.6)	7.0 (0.9)	6.8 (1.4)	7.9 (2.0)	4.7 (1.0)
Illicit Drug[5] Abuse	0.9 (0.2)	0.8 (0.2)	0.7 (0.3)	* (*)	0.9 (0.2)
Illicit Drug[5] Dependence	2.1 (0.4)	1.9 (0.7)	2.9 (1.1)	2.2 (0.7)	2.0 (0.5)
Illicit Drug[5] Dependence or Abuse	3.0 (0.5)	2.6 (0.8)	3.7 (1.1)	4.8 (1.9)	2.9 (0.6)
One or More Substance Use Disorders	7.8 (0.7)	8.0 (1.0)	8.1 (1.4)	11.1 (2.7)	6.4 (1.0)
Past Year Adjustment Disorders					
Adjustment Disorder	6.9 (0.5)	6.8 (0.8)	8.4 (1.6)	8.6 (2.4)	6.1 (0.9)
Past Year Eating Disorders					
Anorexia Nervosa	<0.1 (<0.1)	* (*)	<0.1 (<0.1)	* (*)	* (*)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	* (*)	* (*)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)	* (*)	* (*)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[6]					
One or More Disorders	11.5 (0.6)	8.6 (0.5)	12.0 (1.4)	12.4 (2.5)	16.1 (1.9)
1 Disorder	8.0 (0.6)	6.1 (0.5)	7.3 (1.1)	8.8 (2.2)	11.5 (1.8)
2 Disorders	1.8 (0.2)	1.3 (0.3)	2.8 (0.5)	1.9 (0.6)	2.1 (0.3)
3+ Disorders	0.9 (0.1)	0.6 (0.1)	1.3 (0.5)	1.3 (0.5)	1.0 (0.2)
One or More Past Year Disorders (Excluding Adjustment Disorder)[6]					
One or More Disorders	17.1 (0.8)	14.7 (1.2)	17.4 (2.0)	21.1 (3.7)	20.3 (1.9)
1 Disorder	11.0 (0.7)	9.7 (0.9)	8.9 (1.2)	15.0 (3.4)	13.2 (1.7)
2 Disorders	3.2 (0.4)	2.7 (0.7)	4.5 (1.1)	3.4 (0.9)	3.5 (0.6)
3+ Disorders	1.9 (0.2)	1.6 (0.3)	2.9 (0.7)	2.2 (0.6)	1.9 (0.5)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[6]					
One or More Disorders	22.5 (0.9)	20.3 (1.4)	23.4 (2.4)	28.7 (4.1)	24.7 (2.0)
1 Disorder	14.9 (0.7)	13.8 (1.1)	13.2 (1.5)	21.8 (3.8)	16.0 (1.8)
2 Disorders	4.1 (0.5)	3.6 (0.8)	4.6 (0.8)	4.0 (1.0)	4.9 (0.9)
3+ Disorders	2.2 (0.3)	1.7 (0.3)	4.2 (1.2)	2.4 (0.7)	2.0 (0.5)

MHSS = Mental Health Surveillance Study; SE = standard error.

***Low precision; no estimate reported.**

NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.

NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.

[1] "Other" includes all responses defined as not being in the labor force, including being a student, keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job and did not want one also were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days. Those respondents who reported having no job and provided no additional information could not have their labor force status determined and therefore were assigned to the "Other" employment category.

[2] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[3] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[4] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[5] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[6] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.8N Past Year Mental Disorders among Adults Aged 18 or Older, by Current Employment Status: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Full Time # (SE)	Part Time # (SE)	Unemployed # (SE)	Other[1] # (SE)
Mood Disorders					
Bipolar I Disorder	900 (218)	146 (66)	129 (57)	6 (4)	620 (196)
Major Depressive Disorder	13,821 (793)	6,363 (556)	2,245 (251)	938 (147)	4,276 (529)
Dysthymic Disorder	3,924 (562)	1,266 (275)	600 (133)	294 (75)	1,764 (447)
Major Depressive Episode[2]	14,666 (818)	6,444 (558)	2,367 (254)	974 (150)	4,881 (552)
Manic Episode[2]	727 (208)	103 (62)	124 (57)	6 (4)	495 (190)
One or More Mood Disorders[3]	16,987 (895)	7,077 (591)	2,653 (264)	1,047 (157)	6,209 (667)
Past Year Psychotic Symptoms					
Psychotic Symptoms	1,338 (329)	166 (89)	158 (87)	42 (20)	972 (305)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	1,695 (217)	472 (136)	247 (101)	70 (29)	906 (156)
Panic Disorder with and without Agoraphobia	2,052 (304)	575 (135)	539 (169)	123 (53)	815 (179)
Agoraphobia without History of Panic Disorder	487 (155)	225 (128)	11 (8)	13 (11)	238 (83)
Social Phobia	2,235 (350)	868 (162)	353 (111)	160 (59)	855 (266)
Specific Phobia	3,719 (984)	818 (278)	202 (110)	273 (193)	2,427 (976)
Obsessive Compulsive Disorder	669 (147)	178 (73)	90 (35)	41 (26)	360 (119)
Generalized Anxiety Disorder	4,140 (450)	1,927 (281)	704 (167)	464 (235)	1,044 (230)
One or More Anxiety Disorders	12,944 (1,224)	4,298 (439)	1,696 (262)	1,044 (316)	5,906 (1,102)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	911 (192)	387 (135)	183 (76)	204 (93)	138 (46)
Past Year Substance Use Disorders[4]					
Alcohol Abuse	7,102 (1,091)	4,525 (956)	834 (224)	674 (241)	1,068 (341)
Alcohol Dependence	7,591 (881)	3,725 (529)	1,207 (372)	518 (177)	2,141 (525)
Alcohol Dependence or Abuse	14,693 (1,488)	8,250 (1,124)	2,041 (408)	1,192 (294)	3,210 (663)
Illicit Drug[5] Abuse	2,115 (400)	893 (216)	224 (98)	* (*)	594 (169)
Illicit Drug[5] Dependence	4,765 (1,006)	2,196 (866)	879 (320)	326 (90)	1,364 (368)
Illicit Drug[5] Dependence or Abuse	6,880 (1,068)	3,089 (890)	1,103 (328)	729 (279)	1,959 (405)
One or More Substance Use Disorders	17,873 (1,617)	9,479 (1,197)	2,406 (419)	1,672 (394)	4,317 (700)
Past Year Adjustment Disorders					
Adjustment Disorder	15,982 (1,106)	8,000 (925)	2,550 (488)	1,298 (358)	4,133 (631)
Past Year Eating Disorders					

Anorexia Nervosa	12 (9)	* (*)	8 (8)	* (*)	* (*)
Bulimia Nervosa	58 (22)	48 (21)	9 (7)	* (*)	* (*)
One or More Eating Disorders	70 (19)	53 (21)	17 (10)	* (*)	* (*)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[6]					
One or More Disorders	26,119 (1,446)	10,042 (635)	3,584 (354)	1,846 (351)	10,646 (1,315)
1 Disorder	18,035 (1,312)	7,119 (629)	2,156 (296)	1,300 (327)	7,460 (1,236)
2 Disorders	3,968 (374)	1,530 (307)	819 (137)	276 (78)	1,344 (210)
3+ Disorders	1,961 (247)	707 (156)	394 (141)	199 (63)	661 (149)
One or More Past Year Disorders (Excluding Adjustment Disorder)[6]					
One or More Disorders	38,738 (1,900)	17,182 (1,339)	5,075 (527)	3,132 (529)	13,350 (1,349)
1 Disorder	24,519 (1,525)	11,248 (986)	2,570 (331)	2,209 (518)	8,491 (1,174)
2 Disorders	7,097 (992)	3,078 (799)	1,293 (323)	499 (113)	2,227 (394)
3+ Disorders	4,275 (546)	1,890 (380)	824 (197)	326 (82)	1,234 (351)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[6]					
One or More Disorders	51,189 (2,057)	23,737 (1,591)	6,838 (634)	4,262 (589)	16,352 (1,389)
1 Disorder	33,309 (1,658)	15,962 (1,223)	3,807 (408)	3,210 (580)	10,330 (1,223)
2 Disorders	9,163 (1,074)	4,125 (872)	1,325 (223)	584 (138)	3,128 (589)
3+ Disorders	4,887 (588)	2,021 (381)	1,204 (351)	356 (89)	1,307 (353)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year, MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] "Other" includes all responses defined as not being in the labor force, including being a student, keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job and did not want one also were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days. Those respondents who reported having no job and provided no additional information could not have their labor force status determined and therefore were assigned to the "Other" employment category.
[2] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[3] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[4] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[5] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[6] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.9 Past Year Mental Disorders among Adults Aged 18 or Older, by Marital Status: Percentages, MHSS Clinical Study, 2008-2012

	Currently	Previously	Never

Variable	Total % (SE)	Married % (SE)	Married[1] % (SE)	Married % (SE)
Mood Disorders				
Bipolar I Disorder	0.4 (0.1)	0.2 (0.1)	0.9 (0.4)	0.4 (0.1)
Major Depressive Disorder	6.0 (0.3)	4.9 (0.4)	6.5 (0.8)	7.9 (0.8)
Dysthymic Disorder	1.7 (0.2)	1.1 (0.2)	2.6 (1.0)	2.2 (0.5)
Major Depressive Episode[2]	6.3 (0.4)	5.0 (0.4)	7.1 (0.9)	8.6 (0.8)
Manic Episode[2]	0.3 (0.1)	0.1 (0.1)	0.8 (0.4)	0.2 (0.1)
One or More Mood Disorders[3]	7.4 (0.4)	5.7 (0.4)	9.3 (1.3)	9.4 (0.9)
Past Year Psychotic Symptoms				
Psychotic Symptoms	0.6 (0.1)	0.1 (0.1)	1.1 (0.4)	1.1 (0.4)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	0.7 (0.1)	0.8 (0.1)	0.8 (0.2)	0.7 (0.2)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.9 (0.2)	0.9 (0.2)	0.8 (0.2)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.3 (0.1)	0.1 (0.1)	0.1 (0.0)
Social Phobia	1.0 (0.2)	0.7 (0.1)	0.8 (0.2)	1.8 (0.5)
Specific Phobia	1.6 (0.4)	2.1 (0.8)	0.6 (0.2)	1.4 (0.5)
Obsessive Compulsive Disorder	0.3 (0.1)	0.2 (0.1)	0.2 (0.1)	0.5 (0.2)
Generalized Anxiety Disorder	1.8 (0.2)	1.8 (0.3)	2.0 (0.6)	1.6 (0.3)
One or More Anxiety Disorders	5.7 (0.5)	6.0 (0.9)	4.4 (0.8)	5.8 (0.8)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	0.4 (0.1)	0.2 (0.1)	0.4 (0.2)	0.8 (0.2)
Past Year Substance Use Disorders[4]				
Alcohol Abuse	3.1 (0.5)	2.5 (0.7)	2.3 (0.8)	5.0 (0.8)
Alcohol Dependence	3.3 (0.4)	1.9 (0.4)	3.4 (0.7)	6.0 (0.9)
Alcohol Dependence or Abuse	6.4 (0.6)	4.4 (0.8)	5.7 (1.2)	11.0 (1.2)
Illicit Drug[5] Abuse	0.9 (0.2)	0.2 (0.1)	0.7 (0.3)	2.7 (0.6)
Illicit Drug[5] Dependence	2.1 (0.4)	1.2 (0.6)	0.9 (0.3)	4.9 (0.9)
Illicit Drug[5] Dependence or Abuse	3.0 (0.5)	1.3 (0.6)	1.6 (0.5)	7.6 (1.1)
One or More Substance Use Disorders	7.8 (0.7)	5.0 (0.8)	6.6 (1.3)	14.6 (1.4)
Past Year Adjustment Disorders				
Adjustment Disorder	6.9 (0.5)	7.0 (0.6)	7.2 (1.3)	6.4 (0.8)
Past Year Eating Disorders				
Anorexia Nervosa	<0.1 (<0.1)	* (*)	* (*)	<0.1 (<0.1)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[6]				
One or More Disorders	11.5 (0.6)	10.0 (1.0)	12.1 (1.5)	14.0 (1.1)
1 Disorder	8.0 (0.6)	7.2 (0.9)	8.4 (1.3)	9.4 (1.0)
2 Disorders	1.8 (0.2)	1.7 (0.2)	1.9 (0.4)	1.8 (0.3)
3+ Disorders	0.9 (0.1)	0.6 (0.1)	1.0 (0.2)	1.3 (0.3)
One or More Past Year Disorders (Excluding Adjustment Disorder)[6]				

One or More Disorders	17.1 (0.8)	14.0 (1.1)	16.3 (1.9)	24.3 (1.6)
1 Disorder	11.0 (0.7)	9.7 (1.0)	10.2 (1.5)	14.2 (1.3)
2 Disorders	3.2 (0.4)	2.6 (0.7)	3.4 (0.9)	4.2 (0.7)
3+ Disorders	1.9 (0.2)	1.0 (0.2)	1.7 (0.3)	4.1 (0.8)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[6]				
One or More Disorders	22.5 (0.9)	19.7 (1.2)	21.8 (2.2)	29.0 (1.7)
1 Disorder	14.9 (0.7)	13.9 (1.1)	13.5 (1.5)	18.1 (1.4)
2 Disorders	4.1 (0.5)	3.7 (0.7)	5.1 (1.3)	4.1 (0.5)
3+ Disorders	2.2 (0.3)	1.1 (0.2)	1.7 (0.3)	5.0 (1.0)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Previously married includes individuals who are widowed, divorced, or separated.
[2] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[3] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[4] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[5] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[6] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.9N Past Year Mental Disorders among Adults Aged 18 or Older, by Marital Status: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Currently Married # (SE)	Previously Married[1] # (SE)	Never Married # (SE)
Mood Disorders				
Bipolar I Disorder	900 (218)	237 (93)	418 (183)	245 (77)
Major Depressive Disorder	13,821 (793)	6,070 (538)	3,098 (361)	4,653 (518)
Dysthymic Disorder	3,924 (562)	1,350 (203)	1,255 (498)	1,319 (274)
Major Depressive Episode[2]	14,666 (818)	6,205 (540)	3,388 (368)	5,073 (521)
Manic Episode[2]	727 (208)	174 (82)	406 (182)	147 (63)
One or More Mood Disorders[3]	16,987 (895)	7,029 (565)	4,420 (603)	5,537 (552)
Past Year Psychotic Symptoms				
Psychotic Symptoms	1,338 (329)	180 (69)	515 (201)	642 (251)
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder	1,695 (217)	931 (176)	374 (106)	390 (101)
Panic Disorder with and without Agoraphobia	2,052 (304)	1,132 (239)	429 (96)	491 (123)
Agoraphobia without History of Panic Disorder	487 (155)	353 (141)	69 (35)	65 (29)
Social Phobia	2,235 (350)	819 (166)	374 (115)	1,041 (277)

Specific Phobia	3,719 (984)	2,619 (975)	300 (119)	800 (289)
Obsessive Compulsive Disorder	669 (147)	274 (97)	90 (37)	304 (101)
Generalized Anxiety Disorder	4,140 (450)	2,280 (338)	933 (272)	927 (162)
One or More Anxiety Disorders	12,944 (1,224)	7,434 (1,127)	2,101 (397)	3,409 (435)
Past Year Impulse Control Disorders				
Intermittent Explosive Disorder	911 (192)	247 (95)	205 (111)	460 (124)
Past Year Substance Use Disorders[4]				
Alcohol Abuse	7,102 (1,091)	3,063 (840)	1,076 (393)	2,963 (473)
Alcohol Dependence	7,591 (881)	2,411 (520)	1,640 (329)	3,540 (583)
Alcohol Dependence or Abuse	14,693 (1,488)	5,475 (1,023)	2,715 (543)	6,503 (740)
Illicit Drug[5] Abuse	2,115 (400)	205 (93)	309 (145)	1,601 (340)
Illicit Drug[5] Dependence	4,765 (1,006)	1,443 (708)	432 (145)	2,889 (568)
Illicit Drug[5] Dependence or Abuse	6,880 (1,068)	1,648 (711)	742 (217)	4,490 (657)
One or More Substance Use Disorders	17,873 (1,617)	6,175 (1,037)	3,110 (596)	8,588 (822)
Past Year Adjustment Disorders				
Adjustment Disorder	15,982 (1,106)	8,744 (768)	3,422 (672)	3,817 (501)
Past Year Eating Disorders				
Anorexia Nervosa	12 (9)	* (*)	* (*)	8 (8)
Bulimia Nervosa	58 (22)	11 (11)	13 (9)	34 (18)
One or More Eating Disorders	70 (19)	16 (11)	13 (9)	41 (14)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[6]				
One or More Disorders	26,119 (1,446)	12,273 (1,240)	5,675 (686)	8,171 (671)
1 Disorder	18,035 (1,312)	8,767 (1,147)	3,896 (589)	5,372 (578)
2 Disorders	3,968 (374)	2,062 (285)	867 (154)	1,039 (188)
3+ Disorders	1,961 (247)	779 (154)	450 (117)	732 (148)
One or More Past Year Disorders (Excluding Adjustment Disorder)[6]				
One or More Disorders	38,738 (1,900)	17,082 (1,349)	7,578 (825)	14,078 (907)
1 Disorder	24,519 (1,525)	11,764 (1,188)	4,696 (670)	8,059 (730)
2 Disorders	7,097 (992)	3,153 (817)	1,578 (402)	2,366 (369)
3+ Disorders	4,275 (546)	1,192 (186)	772 (147)	2,311 (461)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[6]				
One or More Disorders	51,189 (2,057)	24,137 (1,481)	10,187 (991)	16,865 (972)
1 Disorder	33,309 (1,658)	16,834 (1,267)	6,192 (633)	10,283 (762)
2 Disorders	9,163 (1,074)	4,505 (904)	2,346 (597)	2,312 (292)
3+ Disorders	4,887 (588)	1,289 (191)	788 (148)	2,810 (556)

MHSS = Mental Health Surveillance Study; SE = standard error.

***Low precision; no estimate reported.**

NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.

NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.

NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] Previously married includes individuals who are widowed, divorced, or separated.
[2] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[3] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[4] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[5] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[6] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.10 Past Year Mental Disorders among Adults Aged 18 or Older, by Census Region: Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Northeast[1] % (SE)	Midwest[2] % (SE)	South[3] % (SE)	West[4] % (SE)
Mood Disorders					
Bipolar I Disorder	0.4 (0.1)	0.2 (0.1)	0.4 (0.1)	0.4 (0.2)	0.5 (0.2)
Major Depressive Disorder	6.0 (0.3)	4.6 (0.9)	6.2 (0.7)	5.6 (0.6)	7.8 (0.9)
Dysthymic Disorder	1.7 (0.2)	1.7 (0.6)	1.3 (0.2)	1.4 (0.3)	2.6 (0.8)
Major Depressive Episode[5]	6.3 (0.4)	4.9 (0.9)	6.5 (0.7)	5.8 (0.6)	8.4 (1.0)
Manic Episode[5]	0.3 (0.1)	0.2 (0.1)	0.3 (0.1)	0.3 (0.2)	0.4 (0.2)
One or More Mood Disorders[6]	7.4 (0.4)	6.0 (1.0)	7.2 (0.7)	6.9 (0.7)	9.8 (1.0)
Past Year Psychotic Symptoms					
Psychotic Symptoms	0.6 (0.1)	0.6 (0.4)	0.5 (0.2)	0.6 (0.2)	0.7 (0.3)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	0.7 (0.1)	0.6 (0.2)	0.8 (0.2)	0.9 (0.2)	0.6 (0.2)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.7 (0.2)	0.9 (0.2)	0.9 (0.2)	1.0 (0.4)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.2 (0.1)	0.2 (0.1)	0.3 (0.2)	0.1 (0.1)
Social Phobia	1.0 (0.2)	0.7 (0.2)	0.7 (0.1)	1.3 (0.4)	1.0 (0.2)
Specific Phobia	1.6 (0.4)	4.8 (1.9)	0.4 (0.1)	0.8 (0.2)	1.1 (0.5)
Obsessive Compulsive Disorder	0.3 (0.1)	0.2 (0.1)	0.2 (0.1)	0.3 (0.1)	0.5 (0.2)
Generalized Anxiety Disorder	1.8 (0.2)	1.4 (0.3)	1.4 (0.2)	1.7 (0.3)	2.6 (0.8)
One or More Anxiety Disorders	5.7 (0.5)	7.9 (1.9)	4.1 (0.4)	5.2 (0.7)	5.7 (1.2)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	0.4 (0.1)	0.4 (0.2)	0.6 (0.2)	0.3 (0.1)	0.2 (0.1)
Past Year Substance Use Disorders[7]					
Alcohol Abuse	3.1 (0.5)	4.6 (1.1)	2.5 (0.6)	2.8 (0.5)	2.6 (1.5)
Alcohol Dependence	3.3 (0.4)	3.6 (0.9)	2.6 (0.5)	3.4 (0.6)	3.5 (0.9)
Alcohol Dependence or Abuse	6.4 (0.6)	8.2 (1.4)	5.0 (0.8)	6.2 (0.8)	6.1 (1.8)
Illicit Drug[8] Abuse	0.9 (0.2)	0.9 (0.3)	1.3 (0.4)	0.9 (0.4)	0.7 (0.2)
Illicit Drug[8] Dependence	2.1 (0.4)	2.8 (0.8)	0.9 (0.2)	1.3 (0.4)	3.7 (1.6)
Illicit Drug[8] Dependence or Abuse	3.0 (0.5)	3.7 (0.8)	2.2 (0.4)	2.2 (0.5)	4.4 (1.6)
One or More Substance Use Disorders	7.8 (0.7)	9.5 (1.5)	6.4 (0.9)	7.7 (1.0)	7.6 (1.8)
Past Year Adjustment Disorders					

Adjustment Disorder	6.9 (0.5)	6.1 (1.0)	6.9 (0.9)	6.5 (0.7)	8.4 (1.5)
Past Year Eating Disorders					
Anorexia Nervosa	<0.1 (<0.1)	* (*)	<0.1 (<0.1)	* (*)	* (*)
Bulimia Nervosa	<0.1 (<0.1)	0.1 (0.0)	<0.1 (<0.1)	<0.1 (<0.1)	* (*)
One or More Eating Disorders	<0.1 (<0.1)	0.1 (0.0)	0.1 (0.0)	<0.1 (<0.1)	* (*)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[9]					
One or More Disorders	11.5 (0.6)	12.9 (2.1)	9.8 (0.8)	10.7 (0.9)	13.1 (1.5)
1 Disorder	8.0 (0.6)	10.4 (2.1)	6.4 (0.7)	7.3 (0.7)	8.4 (1.2)
2 Disorders	1.8 (0.2)	1.2 (0.2)	2.0 (0.3)	1.5 (0.3)	2.4 (0.6)
3+ Disorders	0.9 (0.1)	0.8 (0.2)	0.6 (0.1)	0.8 (0.2)	1.3 (0.4)
One or More Past Year Disorders (Excluding Adjustment Disorder)[9]					
One or More Disorders	17.1 (0.8)	18.9 (2.2)	14.8 (1.2)	16.8 (1.2)	18.3 (2.3)
1 Disorder	11.0 (0.7)	12.8 (2.1)	9.2 (1.1)	11.6 (1.1)	9.9 (1.3)
2 Disorders	3.2 (0.4)	2.9 (0.7)	3.2 (0.4)	2.3 (0.4)	4.8 (1.6)
3+ Disorders	1.9 (0.2)	2.8 (0.9)	1.1 (0.2)	1.6 (0.3)	2.5 (0.6)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[9]					
One or More Disorders	22.5 (0.9)	24.2 (2.5)	20.3 (1.5)	21.9 (1.2)	24.1 (2.5)
1 Disorder	14.9 (0.7)	17.4 (2.3)	13.2 (1.3)	15.5 (1.0)	13.2 (1.6)
2 Disorders	4.1 (0.5)	3.5 (0.7)	4.3 (0.6)	3.4 (0.5)	5.6 (1.8)
3+ Disorders	2.2 (0.3)	2.8 (0.9)	1.3 (0.2)	1.7 (0.3)	3.2 (0.7)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] States within the Northeast Region are Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.
[2] States within the Midwest Region are Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Wisconsin, and South Dakota.
[3] States within the South Region are Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Virginia, Tennessee, Texas, and West Virginia.
[4] States within the West Region are Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[7] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[8] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[9] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.10N Past Year Mental Disorders among Adults Aged 18 or Older, by Census Region: Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Northeast[1] # (SE)	Midwest[2] # (SE)	South[3] # (SE)	West[4] # (SE)
Mood Disorders					
Bipolar I Disorder	900 (218)	104 (50)	197 (78)	337 (169)	262 (97)
Major Depressive Disorder	13,821 (793)	2,249 (407)	3,210 (320)	4,523 (481)	3,839 (464)
Dysthymic Disorder	3,924 (562)	809 (312)	689 (120)	1,135 (226)	1,291 (361)
Major Depressive Episode[5]	14,666 (818)	2,398 (416)	3,380 (333)	4,743 (488)	4,145 (496)
Manic Episode[5]	727 (208)	86 (49)	148 (75)	285 (168)	208 (89)
One or More Mood Disorders[6]	16,987 (895)	2,892 (488)	3,718 (347)	5,520 (529)	4,857 (477)
Past Year Psychotic Symptoms					
Psychotic Symptoms	1,338 (329)	273 (221)	252 (82)	472 (185)	341 (129)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	1,695 (217)	286 (110)	407 (115)	715 (128)	287 (121)
Panic Disorder with and without Agoraphobia	2,052 (304)	319 (112)	472 (120)	762 (168)	500 (191)
Agoraphobia without History of Panic Disorder	487 (155)	103 (66)	86 (32)	266 (136)	32 (27)
Social Phobia	2,235 (350)	351 (91)	345 (74)	1,058 (317)	480 (99)
Specific Phobia	3,719 (984)	2,312 (961)	197 (49)	637 (179)	572 (234)
Obsessive Compulsive Disorder	669 (147)	102 (39)	103 (30)	238 (75)	225 (112)
Generalized Anxiety Disorder	4,140 (450)	669 (141)	749 (125)	1,403 (273)	1,319 (373)
One or More Anxiety Disorders	12,944 (1,224)	3,825 (990)	2,087 (187)	4,222 (534)	2,810 (604)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	911 (192)	215 (87)	315 (121)	272 (111)	109 (72)
Past Year Substance Use Disorders[7]					
Alcohol Abuse	7,102 (1,091)	2,229 (539)	1,275 (299)	2,288 (442)	1,310 (754)
Alcohol Dependence	7,591 (881)	1,757 (443)	1,336 (275)	2,765 (488)	1,734 (447)
Alcohol Dependence or Abuse	14,693 (1,488)	3,986 (724)	2,611 (427)	5,053 (667)	3,044 (916)
Illicit Drug[8] Abuse	2,115 (400)	419 (136)	650 (183)	714 (294)	332 (114)
Illicit Drug[8] Dependence	4,765 (1,006)	1,357 (384)	474 (124)	1,085 (296)	1,849 (794)
Illicit Drug[8] Dependence or Abuse	6,880 (1,068)	1,775 (413)	1,124 (222)	1,800 (411)	2,181 (796)
One or More Substance Use Disorders	17,873 (1,617)	4,589 (741)	3,288 (484)	6,240 (787)	3,756 (921)
Past Year Adjustment Disorders					
Adjustment Disorder	15,982 (1,106)	2,965 (488)	3,565 (469)	5,265 (595)	4,187 (710)
Past Year Eating Disorders					
Anorexia Nervosa	12 (9)	* (*)	12 (9)	* (*)	* (*)
Bulimia Nervosa	58 (22)	27 (16)	19 (13)	12 (9)	* (*)
One or More Eating Disorders	70 (19)	27 (16)	31 (15)	12 (9)	* (*)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[9]					
One or More Disorders	26,119 (1,446)	6,179 (1,095)	4,954 (377)	8,580 (665)	6,406 (724)
1 Disorder	18,035 (1,312)	4,998 (1,078)	3,196 (334)	5,740 (540)	4,102 (516)
2 Disorders	3,968 (374)	564 (91)	1,002 (146)	1,219 (192)	1,183 (314)
3+ Disorders	1,961 (247)	386 (87)	301 (62)	637 (128)	637 (192)
One or More Past Year Disorders					

(Excluding Adjustment Disorder)					
One or More Disorders	38,738 (1,900)	9,007 (1,149)	7,419 (589)	13,342 (918)	8,969 (1,128)
1 Disorder	24,519 (1,525)	6,083 (1,012)	4,522 (527)	9,131 (866)	4,783 (551)
2 Disorders	7,097 (992)	1,380 (345)	1,580 (210)	1,832 (308)	2,306 (815)
3+ Disorders	4,275 (546)	1,311 (417)	545 (75)	1,233 (205)	1,186 (291)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[9]					
One or More Disorders	51,189 (2,057)	11,580 (1,302)	10,159 (696)	17,494 (913)	11,956 (1,195)
1 Disorder	33,309 (1,658)	8,238 (1,142)	6,523 (635)	12,153 (833)	6,395 (701)
2 Disorders	9,163 (1,074)	1,670 (360)	2,115 (282)	2,674 (390)	2,704 (872)
3+ Disorders	4,887 (588)	1,351 (417)	642 (85)	1,333 (209)	1,561 (356)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] States within the Northeast Region are Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.
[2] States within the Midwest Region are Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Wisconsin, and South Dakota.
[3] States within the South Region are Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Virginia, Tennessee, Texas, and West Virginia.
[4] States within the West Region are Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[7] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[8] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[9] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.11 Past Year Mental Disorders among Adults Aged 18 or Older, by Health Insurance Coverage:[1] Percentages, MHSS Clinical Study, 2008-2012

Variable	Total % (SE)	Private Insurance % (SE)	Medicaid/ CHIP[2] % (SE)	Other Insurance[3] % (SE)	No Insurance % (SE)
Mood Disorders					
Bipolar I Disorder	0.4 (0.1)	0.2 (0.1)	1.5 (0.9)	0.6 (0.3)	0.5 (0.2)
Major Depressive Disorder	6.0 (0.3)	4.8 (0.4)	10.5 (1.3)	3.9 (0.6)	9.3 (1.4)
Dysthymic Disorder	1.7 (0.2)	1.5 (0.3)	4.1 (1.4)	2.3 (0.8)	1.8 (0.4)
Major Depressive Episode[4]	6.3 (0.4)	5.0 (0.4)	11.8 (1.4)	4.4 (0.6)	9.8 (1.4)
Manic Episode[4]	0.3 (0.1)	0.2 (0.1)	1.1 (0.9)	0.5 (0.3)	0.4 (0.2)
One or More Mood Disorders[5]	7.4 (0.4)	6.0 (0.5)	14.4 (2.1)	6.4 (1.0)	10.5 (1.4)

Past Year Psychotic Symptoms					
Psychotic Symptoms	0.6 (0.1)	0.2 (0.1)	3.7 (1.5)	1.4 (0.5)	0.5 (0.2)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	0.7 (0.1)	0.5 (0.1)	1.8 (0.5)	1.0 (0.3)	0.9 (0.2)
Panic Disorder with and without Agoraphobia	0.9 (0.1)	0.5 (0.1)	2.3 (0.5)	0.7 (0.2)	1.8 (0.5)
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.2 (0.1)	0.6 (0.3)	0.2 (0.1)	0.1 (0.1)
Social Phobia	1.0 (0.2)	0.8 (0.1)	1.3 (0.5)	0.4 (0.2)	1.8 (0.7)
Specific Phobia	1.6 (0.4)	1.7 (0.6)	2.3 (1.0)	3.8 (1.7)	1.6 (0.7)
Obsessive Compulsive Disorder	0.3 (0.1)	0.2 (0.1)	1.1 (0.4)	0.1 (<0.01)	0.3 (0.1)
Generalized Anxiety Disorder	1.8 (0.2)	1.6 (0.2)	2.2 (0.5)	0.7 (0.2)	2.8 (0.5)
One or More Anxiety Disorders	5.7 (0.5)	4.9 (0.7)	9.0 (1.4)	6.6 (1.8)	7.8 (1.1)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	0.4 (0.1)	0.1 (0.1)	1.7 (0.6)	0.2 (0.1)	0.8 (0.3)
Past Year Substance Use Disorders[6]					
Alcohol Abuse	3.1 (0.5)	2.7 (0.4)	4.1 (2.0)	1.9 (0.9)	3.8 (2.0)
Alcohol Dependence	3.3 (0.4)	2.4 (0.4)	2.5 (0.8)	2.0 (0.6)	7.8 (1.4)
Alcohol Dependence or Abuse	6.4 (0.6)	5.1 (0.6)	6.7 (2.1)	3.8 (1.1)	11.6 (2.3)
Illicit Drug[7] Abuse	0.9 (0.2)	0.7 (0.2)	0.4 (0.2)	0.2 (0.1)	2.2 (0.8)
Illicit Drug[7] Dependence	2.1 (0.4)	0.8 (0.2)	4.0 (1.0)	0.7 (0.2)	7.1 (2.3)
Illicit Drug[7] Dependence or Abuse	3.0 (0.5)	1.5 (0.3)	4.4 (1.0)	0.9 (0.2)	9.3 (2.4)
One or More Substance Use Disorders	7.8 (0.7)	5.9 (0.7)	9.5 (2.3)	4.3 (1.1)	15.3 (2.6)
Past Year Adjustment Disorders					
Adjustment Disorder	6.9 (0.5)	6.6 (0.6)	5.5 (1.2)	4.8 (1.1)	8.9 (1.7)
Past Year Eating Disorders					
Anorexia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	* (*)	* (*)	<0.1 (<0.1)
Bulimia Nervosa	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Eating Disorders	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (0.1)	<0.1 (<0.1)	<0.1 (<0.1)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[8]					
One or More Disorders	11.5 (0.6)	9.8 (0.8)	20.6 (2.1)	11.8 (2.1)	15.5 (1.7)
1 Disorder	8.0 (0.6)	7.4 (0.8)	12.7 (1.8)	9.1 (2.0)	9.9 (1.5)
2 Disorders	1.8 (0.2)	1.5 (0.2)	3.3 (0.7)	1.4 (0.3)	2.1 (0.4)
3+ Disorders	0.9 (0.1)	0.4 (0.1)	2.7 (0.8)	0.5 (0.2)	2.0 (0.4)
One or More Past Year Disorders (Excluding Adjustment Disorder)[8]					
One or More Disorders	17.1 (0.8)	14.2 (1.0)	26.4 (3.2)	14.6 (2.2)	26.2 (3.0)
1 Disorder	11.0 (0.7)	10.0 (0.9)	15.0 (2.8)	10.3 (2.0)	13.9 (1.8)
2 Disorders	3.2 (0.4)	2.5 (0.4)	6.1 (1.1)	2.3 (0.7)	5.2 (2.1)
3+ Disorders	1.9 (0.2)	1.0 (0.2)	3.3 (0.8)	1.0 (0.3)	5.3 (1.2)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[8]					
One or More Disorders	22.5 (0.9)	19.7 (1.2)	30.7 (3.5)	18.1 (2.3)	31.7 (3.3)
1 Disorder	14.9 (0.7)	14.1 (1.0)	18.5 (3.0)	12.5 (2.1)	16.9 (2.1)
2 Disorders	4.1 (0.5)	3.5 (0.4)	6.2 (1.1)	3.5 (1.0)	6.2 (2.1)

3+ Disorders	2.2 (0.3)	1.1 (0.2)	3.6 (0.8)	1.0 (0.3)	6.4 (1.5)

MHSS = Mental Health Surveillance Study; SE = standard error.
***Low precision; no estimate reported.**
NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Respondents could indicate multiple types of health insurance coverage; thus, these response categories are not mutually exclusive.
[2] CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.
[3] Other Health Insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance coverage.
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.
[6] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.
[7] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[8] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.11N Past Year Mental Disorders among Adults Aged 18 or Older, by Health Insurance Coverage:[1] Numbers in Thousands, MHSS Clinical Study, 2008-2012

Variable	Total # (SE)	Private Insurance # (SE)	Medicaid/ CHIP[2] # (SE)	Other Insurance[3] # (SE)	No Insurance # (SE)
Mood Disorders					
Bipolar I Disorder	900 (218)	381 (112)	266 (160)	330 (170)	173 (70)
Major Depressive Disorder	13,821 (793)	7,472 (590)	1,886 (216)	2,130 (313)	3,446 (514)
Dysthymic Disorder	3,924 (562)	2,298 (539)	746 (245)	1,265 (416)	648 (129)
Major Depressive Episode[4]	14,666 (818)	7,744 (592)	2,128 (245)	2,382 (327)	3,667 (519)
Manic Episode[4]	727 (208)	323 (106)	207 (158)	273 (168)	144 (70)
One or More Mood Disorders[5]	16,987 (895)	9,340 (754)	2,565 (364)	3,460 (493)	3,850 (519)
Past Year Psychotic Symptoms					
Psychotic Symptoms	1,338 (329)	275 (102)	668 (282)	773 (298)	195 (92)
Past Year Anxiety Disorders					
Posttraumatic Stress Disorder	1,695 (217)	734 (187)	318 (94)	555 (140)	314 (79)
Panic Disorder with and without Agoraphobia	2,052 (304)	840 (152)	415 (92)	400 (114)	675 (196)
Agoraphobia without History of Panic Disorder	487 (155)	261 (136)	112 (50)	95 (48)	53 (38)
Social Phobia	2,235 (350)	1,262 (180)	244 (83)	203 (83)	666 (240)
Specific Phobia	3,719 (984)	2,631 (966)	412 (177)	2,054 (957)	607 (265)
Obsessive Compulsive Disorder	669 (147)	350 (122)	197 (71)	42 (26)	102 (35)
Generalized Anxiety Disorder	4,140 (450)	2,478 (378)	391 (88)	409 (100)	1,048 (198)
One or More Anxiety Disorders	12,944 (1,224)	7,617 (1,102)	1,623 (246)	3,574 (985)	2,829 (432)
Past Year Impulse Control Disorders					
Intermittent Explosive Disorder	911 (192)	187 (85)	307 (109)	112 (74)	314 (103)
Past Year Substance Use Disorders[6]					
Alcohol Abuse	7,102 (1,091)	4,249 (611)	749 (362)	1,026 (490)	1,429 (735)

Alcohol Dependence	7,591 (881)	3,730 (586)	454 (149)	1,069 (349)	2,887 (550)
Alcohol Dependence or Abuse	14,693 (1,488)	7,979 (941)	1,203 (394)	2,095 (605)	4,316 (899)
Illicit Drug[7] Abuse	2,115 (400)	1,101 (244)	77 (41)	111 (55)	826 (297)
Illicit Drug[7] Dependence	4,765 (1,006)	1,270 (311)	729 (183)	365 (112)	2,605 (868)
Illicit Drug[7] Dependence or Abuse	6,880 (1,068)	2,371 (392)	807 (191)	475 (118)	3,431 (908)
One or More Substance Use Disorders	17,873 (1,617)	9,248 (986)	1,713 (421)	2,358 (610)	5,631 (971)
Past Year Adjustment Disorders					
Adjustment Disorder	15,982 (1,106)	10,385 (904)	994 (217)	2,623 (565)	3,324 (677)
Past Year Eating Disorders					
Anorexia Nervosa	12 (9)	10 (8)	* (*)	* (*)	3 (3)
Bulimia Nervosa	58 (22)	29 (16)	18 (13)	7 (7)	4 (4)
One or More Eating Disorders	70 (19)	39 (18)	18 (13)	7 (7)	7 (5)
One or More Past Year Disorders (Excluding Substance Use Disorders and Adjustment Disorder)[8]					
One or More Disorders	26,119 (1,446)	15,014 (1,312)	3,685 (375)	6,319 (1,099)	5,645 (660)
1 Disorder	18,035 (1,312)	11,320 (1,242)	2,211 (314)	4,839 (1,074)	3,533 (549)
2 Disorders	3,968 (374)	2,250 (333)	575 (116)	718 (143)	757 (138)
3+ Disorders	1,961 (247)	689 (117)	477 (135)	263 (116)	717 (137)
One or More Past Year Disorders (Excluding Adjustment Disorder)[8]					
One or More Disorders	38,738 (1,900)	21,775 (1,461)	4,700 (563)	7,763 (1,167)	9,461 (1,153)
1 Disorder	24,519 (1,525)	15,223 (1,334)	2,593 (476)	5,445 (1,092)	4,892 (641)
2 Disorders	7,097 (992)	3,849 (541)	1,058 (192)	1,222 (354)	1,847 (751)
3+ Disorders	4,275 (546)	1,553 (250)	566 (139)	505 (146)	1,873 (445)
One or More Past Year Disorders (Including Substance Use Disorders and Adjustment Disorder)[8]					
One or More Disorders	51,189 (2,057)	30,257 (1,760)	5,499 (621)	9,674 (1,197)	11,547 (1,325)
1 Disorder	33,309 (1,658)	21,454 (1,530)	3,209 (513)	6,618 (1,124)	5,941 (765)
2 Disorders	9,163 (1,074)	5,364 (670)	1,078 (191)	1,838 (534)	2,197 (771)
3+ Disorders	4,887 (588)	1,701 (257)	632 (146)	533 (148)	2,269 (539)

MHSS = Mental Health Surveillance Study; SE = standard error.

***Low precision; no estimate reported.**

NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the clinical sample by 1,000 cases to further refine the predictive model for mental illness. During the 5-year MHSS, a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.

NOTE: Diagnostic variables are set to "missing" if respondent has insufficient nonmissing data on criterion variables requisite to make a definitive "yes" or "no" diagnosis. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.

NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).

[1] Respondents could indicate multiple types of health insurance coverage; thus, these response categories are not mutually exclusive.

[2] CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

[3] Other Health Insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance coverage.

[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.

[5] One or more mood disorders is defined as having major depressive disorder, bipolar I disorder, or dysthymic disorder in the past year.

[6] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive. If a respondent is classified as having substance dependence (alcohol or illicit drugs), then he or she cannot be classified as abusing that substance regardless of responses to the abuse criteria questions.

[7] Illicit drugs include marijuana/hashish, cocaine (including crack), stimulants (including methamphetamine), heroin, prescription pain

relievers, sedatives/hypnotics/anxiolytics, hallucinogens/PCP, and inhalants.
[8] One or more past year disorders is defined as having one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Table A.12N Population Total (Numbers in Thousands) and Sample Sizes, by Demographic, Geographic, and Socioeconomic Characteristics: MHSS Clinical Study, 2008-2012

Characteristic	Population Total (Numbers in Thousands)	Sample Size
Total	231,890	5,653
Gender		
Male	111,706	2,211
Female	120,184	3,442
Age		
18-25	34,178	1,959
26-49	98,347	2,654
50+	99,364	1,040
Race/Ethnicity		
Not Hispanic or Latino White	155,501	4,096
Not Hispanic or Latino Black or African American	26,703	576
Not Hispanic or Latino Other	16,263	425
Hispanic or Latino	33,422	556
Highest Level of Education		
Less Than High School	30,318	640
High School Graduate	68,061	1,602
Some College	63,542	1,805
College Graduate	69,970	1,606
Employment Status		
Employed Full Time	118,447	2,870
Employed Part Time	30,525	1,056
Unemployed	15,157	397
Other[1]	67,761	1,330
Marital Status		
Currently Married	124,816	2,370
Previously Married[2]	47,781	846
Never Married	59,292	2,437
Family Income		
Less Than $20,000	36,458	1,242
$20,000-$49,999	77,119	1,908
$50,000-$74,999	41,173	952
$75,000 or More	77,139	1,551
Poverty Level[3]		
Less Than 100%[4]	28,673	907
100%-199%[5]	43,726	1,217
6	158,272	3,426

200% or More		
Census Region		
Northeast	48,504	1,085
Midwest	51,979	1,659
South	81,514	1,653
West	49,892	1,256
Metropolitan Status of County of Residence		
Large Metropolitan	120,608	2,360
Small Metropolitan	72,609	2,024
Nonmetropolitan	38,673	1,269
Health Insurance Coverage[7]		
Private	156,467	3,615
Medicaid/CHIP[8]	18,188	665
Other[9]	54,686	795
None	37,343	984

MHSS = Mental Health Surveillance Study.
***Low precision; no estimate reported.**
NOTE: The MHSS was originally designed to collect 1,500 clinical interview cases in 2008 and 500 cases in subsequent years from 2009 to 2012. In 2011 and 2012, the National Institute of Mental Health provided funding to augment the MHSS clinical study; a sample of 5,653 respondents completed the MHSS clinical interview and were included in the analysis for this table.
NOTE: Weighted numbers are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT).
[1] "Other" includes all responses defined as not being in the labor force, including being a student, keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job and did not want one also were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days. Those respondents who reported having no job and provided no additional information could not have their labor force status determined and therefore were assigned to the "Other" employment category.
[2] Previously married includes individuals who are widowed, divorced, or separated.
[3] The poverty level is calculated as a percentage of the U.S. Census Bureau poverty threshold by dividing the respondent's reported total family income by the appropriate poverty threshold amount. If a family's total income is at or below the U.S. Census Bureau poverty threshold for the corresponding size and composition, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. Census Bureau poverty threshold). Poverty level is a comparison of a respondent's total family income with the U.S. Census Bureau poverty threshold (both measured in dollar amounts) in order to determine the poverty status of the respondent and his or her family. Information on family income, size, and composition (i.e., number of children) is used to determine the respondent's poverty level. In addition, the measure for poverty level excludes respondents aged 18 to 22 who were living in a college dormitory.
[4] Total family income is less than 100 percent of the U.S. Census Bureau poverty threshold (i.e., total family income is below poverty threshold).
[5] Total family income is between 100 and 199 percent of the U.S. Census Bureau poverty threshold (i.e., total family income is at or above the poverty threshold but is less than twice the poverty threshold).
[6] Total family income is 200 percent or more of the U.S. Census Bureau poverty threshold (i.e., total family income is twice the poverty threshold or greater).
[7] Respondents could indicate multiple types of health insurance coverage; thus, these response categories are not mutually exclusive.
[8] CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.
[9] Other Health Insurance is defined as having Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other type of health insurance coverage.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012.

Appendix B: Comparisons of Estimates of Past Year Mental Disorders from the MHSS Clinical Study and the NCS-R

This appendix presents comparisons between the estimated percentages of adults with mental disorders derived from the Mental Health Surveillance Study (MHSS) clinical study and derived from the National Comorbidity Survey-Replication (NCS-R). The first section of the appendix describes the statistical methods used to make these comparisons. The second section describes similarities and differences of the estimates between the two surveys. The third section enumerates factors that may potentially contribute to differences between the estimates from the two studies. Following these sections are tables that display estimates of mental disorders from these two sources overall and by various sociodemographic factors.

B.1 Statistical Tests of Differences between Estimates

The estimated percentages, numbers in thousands, and standard errors (SEs) of individuals with mental disorders from the 2008-2012 MHSS clinical study were calculated using SUDAAN. The estimated percentages and SEs from the NCS-R were taken from previously published estimates. Tests of statistically significant differences between the two surveys were conducted using t-tests, with an alpha level of 0.05. Because the MHSS clinical study and the NCS-R are separate studies with independent samples, it was assumed that there was no covariance between the two studies.

B.2 Comparisons of Estimates

This section describes comparisons of the prevalence estimates of specific disorders between the MHSS clinical study and the NCS-R (Table B.1). Table B.1 also includes comparisons of categories of disorders (e.g., one or more mood disorders, one or more substance use disorders). However, because the NCS-R included different individual disorders than the MHSS clinical study in several disorder categories, the differences in prevalence estimates for disorder categories are not discussed below. For example, the NCS-R estimate of one or more mood disorders includes major depressive disorder (MDD), dysthymic disorder, bipolar I disorder, and bipolar II disorder, whereas the estimate from the MHSS clinical study includes only MDD, dysthymic disorder, and bipolar I disorder.

*Mood Disorders***.** The MHSS clinical study prevalence estimates and those from the NCS-R were similar for past year MDD and dysthymic disorder (Table B.1). Because the NCS-R only reports an estimated percentage of adults having either bipolar I or bipolar II disorder, and only bipolar I disorder was assessed in the MHSS clinical study, a valid comparison between data sources cannot be made. No other mood disorders were included in both studies.

*Anxiety Disorders***.** For all past year anxiety disorders that were included in both surveys (posttraumatic stress disorder [PTSD], panic disorder with and without agoraphobia, agoraphobia without a history of panic disorder, social phobia, specific phobia, obsessive compulsive disorder [OCD], and generalized anxiety disorder [GAD]), the prevalence estimates from the NCS-R were significantly higher than those estimates from the MHSS clinical study (Table B.1). The differences were especially large for social phobia (1.0 percent in the MHSS clinical study vs. 7.1 percent in the NCS-R) and for specific phobia (1.6 percent in the MHSS clinical study vs. 9.1 percent in the NCS-R).

*Substance Use Disorders***.** Estimates of past year alcohol dependence and of illicit drug dependence were significantly higher in the MHSS clinical study than in the NCS-R (Table B.1). Caution should be taken when making comparisons between estimates of illicit drug dependence across studies due to the differences in the lists and grouping of drugs that were asked about in the two studies. In the National Survey on Drug Use and Health (NSDUH) clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically), and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs). Comparisons of abuse estimates cannot be made across studies because of a difference in the way abuse is defined in the two studies. In the MHSS clinical study, substance abuse and substance dependence diagnoses are treated as mutually exclusive. If a person is diagnosed as having substance dependence, then he or she is not diagnosed as abusing that substance, regardless of whether he or she meets criteria for an abuse diagnosis. In NCS-R, all individuals who met criteria for abuse of a substance were given a diagnosis of abuse for that substance, regardless of whether they had a dependence diagnosis for that substance.

*Eating Disorders***.** The estimated percentage of adults with bulimia nervosa was significantly lower in the MHSS clinical study than in the NCS-R (Table B.1), though in both studies the prevalence of bulimia was very low (<0.1 percent and 0.3 percent, respectively). There was not a significant difference between the studies in the estimates of anorexia nervosa.

*Other Disorders***.** The estimates for intermittent explosive disorder (IED) from the MHSS clinical study were significantly lower than those from the NCS-R. Although the NCS-R also had a screener for psychotic symptoms, there were no other disorders that were included in both studies. The NCS-R included several disorders that were not assessed in the MHSS clinical study: bipolar II disorder, separation anxiety disorder, oppositional defiant disorder, conduct disorder, and attention-deficit/hyperactivity disorder. One disorder included in the MHSS clinical study that was not assessed in the NCS-R is adjustment disorder.

*Comparisons by Gender***.** Tables B.2 and B.3 present comparisons of the estimated percentages of adults with

mental disorders from the two studies separately for males and females. The differences in the estimates between the MHSS clinical study and NCS-R described previously were generally found across both genders. Both studies showed similar gender differences for having at least one measured mood disorder (females > males), at least one measured anxiety disorder (females > males), and at least one measured substance use disorder (males > females).

Comparisons by Age Group. Tables B.4 through B.7 present differences in the estimated percentages of adults with mental disorders generated by the two studies separately for four age groups: 18 to 29, 30 to 44, 45 to 59, and 60 or older. With few exceptions, the differences between the MHSS clinical study and NCS-R estimates were consistent across age groups. Both studies showed similar trends in age group differences, with the younger age groups most likely to have at least one measured mood disorder, at least one measured anxiety disorder, and at least one measured substance use disorder compared to older adults.

B.3 Factors that May Affect Estimates

Factors that may contribute to the observed differences in prevalence estimates between the MHSS clinical study and the NCS-R are described below and summarized in Table B.8.

1. **Interview Type and Interviewer Qualifications.** The MHSS and the NCS-R used vastly different types of interviews and different types of interviewers to assess mental disorders. Interviewer qualifications and the type of interview used in these two studies differed significantly. The MHSS clinical study used clinical interviewers with masters- or doctorate-level clinical training (in clinical psychology, or for one individual, in clinical social work) to administer the SCID to respondents. The SCID is an interviewer-based interview, one in which the interview schedule is used as a tool to guide the interviewer in assessing whether the symptoms assessed are present or absent.[36] The clinical interviewers followed standard interview questions with unstructured follow-up questions tailored to each respondent, and then coded the presence or absence of each disorder based on the respondent's answers to both structured and unstructured questions, as well as their clinical judgment. The quality of data gathered in this type of interview is dependent upon the clinical interviewers' ability to effectively probe for details about the respondents' experiences and the interviewers' levels of familiarity with differing symptom presentations. In contrast, the NCS-R used lay interviewers to administer the CIDI, a respondent-based interview, to respondents. The lay interviewers followed structured interview protocols, with no additional probes and no clinical judgment. The quality of data from this type of interview is somewhat dependent upon the respondents' ability to understand the descriptions of the symptoms being described and to relate those descriptions appropriately to their own experiences and behaviors. Respondent-based interviews also rely on the respondents to be able to accurately attribute the cause of symptoms, such as symptoms that occur only after the use of medications, drugs, or alcohol or those that occur as the result of a physical illness.

   Clinical reappraisal studies have established good concordance between the CIDI and the SCID for specific disorders;[29] however, these studies typically assess the same set of individuals during the same or similar time frames. Other studies have demonstrated discordance on some symptom reports and disorder prevalence rates between clinical interviews and self-report interviews.[30,31,32,33,34] Differences in estimates may be explained by biases that exist across varying interview types.

2. **Context Effects.** Interview context effects may also result in different estimates across surveys, even when using the same instruments. Context effects are processes in which prior questions affect responses to later questions in surveys. A respondent may answer a subsequent question in a manner that is consistent with responses to a preceding question if the two questions are closely related to each other (e.g., a respondent denies use of both cocaine and amphetamines because they are both in the stimulant drug class). As an example, in the 2008 NSDUH, it was found that the inclusion of new items to assess global impairment and suicidality before the questions on depression altered the estimates of adult major depressive episode (MDE) relative to previous years, even though the depression questions themselves did not change.[35] Therefore, context effects can occur even when identical questionnaire items are used. The order in which disorders are assessed in the CIDI (NCS-R) and the SCID (MHSS clinical study) differed. For example, in the MHSS clinical study, psychotic symptoms and PTSD were assessed near the beginning of the SCID (following the assessment of mood disorders), but in the NCS-R, they were assessed near the end of the CIDI (following the assessments of mood disorders, other anxiety disorders, substance use disorders, eating disorders, and impulse control disorders). In addition, the MHSS assessed lifetime MDE and manic episode only if past year disorder was absent to enable proper past year diagnosis of MDD versus bipolar disorder; however, the MHSS did not assess lifetime for any other disorder. In contrast, the NCS-R assessed lifetime for all disorders, followed by an assessment of past year disorder only if lifetime was present. These differences may explain why some past

year prevalence estimates are higher in the NCS-R than in the MHSS.

In addition, the MHSS clinical study and the NCS-R each used screening questions for certain disorders to determine whether further assessment was warranted. The SCID used in the MHSS clinical study included a section of screener questions at the beginning of the interview for each of the following disorders: panic disorder, agoraphobia, social phobia, specific phobia, OCD (2 questions—one for obsessions and one for compulsions), GAD, anorexia nervosa, and bulimia nervosa. The SCID also included screener questions at the beginning of the PTSD, mood episodes, and IED modules, where a "no" answer to a particular question skips the respondent out of the remainder of that module. The CIDI used in the NCS-R included *multiple* screening questions at the beginning of the interview. These questions included screeners for depression (MDD; 3 questions), mania (bipolar disorder; 3 questions), panic disorder (2 questions including one "second chance" question to query physical symptoms that come on suddenly but are not attributed to fear or panic), social phobia (4 questions), agoraphobia (4 questions), GAD (3 questions), IED (3 questions), and specific phobia (6 questions). A respondent was then routed into a disorder-specific module after the completion of the screening questions if at least one screening question was endorsed. These differences in interview context and screening patterns may explain some of the differences in estimates across surveys.

3. **Diagnostic Criteria.** Although both the CIDI and the SCID for the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR),[1] enable diagnoses according to DSM-IV criteria, some diagnoses had ill-defined diagnostic criteria in the DSM-IV, which may have rendered estimates from both data sources vulnerable to measurement error. For example, as a new diagnosis in the DSM-IV, IED had diagnostic criteria that were not well defined, which required the instrument developers and trainers to interpret the meaning of the symptoms and to create guidelines for scoring IED. Variations in the operational definitions of IED between the two studies may have contributed to IED prevalence estimates being higher for the NCS-R compared with the MHSS clinical study.

4. **Incentive Amount.** Participants in the MHSS clinical study received $30 incentive for NSDUH and $30 for MHSS, paid in advance of interview, while the NCS-R participants received a $50 incentive, paid at end of interview. The differences in timing of the incentive distribution may account for differential response rates between the two surveys.[37,38]

5. **Informed Consent Procedures.** In the MHSS, respondents were provided with verbal assurances of confidentiality and gave verbal consent to participate in the MHSS clinical study interview at the end of the NSDUH when they were selected for the study and again before starting the MHSS clinical study interview, the latter of which included permission to be audio recorded. In the NCS-R, respondents were provided with verbal assurances of confidentiality and gave verbal consent before starting the interview.

6. **Sample Selection.** The MHSS clinical study and NCS-R both targeted the population of English-speaking adults aged 18 or older living in the civilian, noninstitutionalized household population of the contiguous United States (the NCS-R did not include individuals living in Alaska or Hawaii); however, the MHSS clinical study sample was drawn from a subset of the NSDUH respondents who completed the main survey in English, whereas the NCS-R sample was drawn directly from the civilian, noninstitutionalized community of English-speaking residents. Furthermore, the probability of being selected to complete the MHSS clinical study depended on factors reported during the NSDUH (e.g., age, functional impairment, and psychological distress), whereas the NCS-R sample was drawn using a multistage clustered area probability sample of households. To adjust for these different stages of sampling and nonresponse, analysis weights were created for the MHSS clinical study sample to be consistent with the analysis weights for the adult NSDUH main interview sample. This meant that the MHSS clinical study analysis weights accounted for the sampling probabilities, and the undercoverage of Hispanics or Latinos resulting from the MHSS clinical study interview only being conducted in English. The weights also accounted for the two phases of nonresponse in the MHSS (i.e., at the end of the NSDUH main interview and during the attempt to administer the MHSS clinical study interview). The NCS-R also used analysis weights to adjust for nonresponse but did not account for the exclusion of non-English-speaking residents. Poststratification weighting adjustments were implemented for both studies. The poststratification adjustment in the MHSS clinical study sample forced the sum of the analysis weights for the MHSS clinical study data to equal to the sum of the analysis weights for the adult NSDUH main interview sample for a set of variables and variable interactions that predict serious mental illness. The final poststratification adjustment in the NCS-R forced the sum of the analysis weights for the NCS-R sample to equal to the sum of the analysis weights for the March 2002 Current Population Survey data for several sociodemographic variables. These differences in weighting procedures may account for differences in prevalence estimates between the two surveys. Given these differences in data collection methods and time periods (summarized in Table B.8), it is difficult to ascertain whether estimates produced by these data sources

are comparable. Even when two estimates appear to be similar, that is not an indicator that the two data sources, which use different methodology, would both classify a particular respondent in the same way. Therefore, caution must be taken whenever comparing estimates from different data sources.

Table B.1 Past Year Mental Disorders among Adults Aged 18 or Older: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R Tables[2]			NCS-R Report[3]		
Variable	**% (SE)**	**% (SE)**	**Difference[4]**	***P*-value**	**% (SE)**	**Difference[4]**	***P*-value**
Past Year Mood Disorders							
Bipolar Disorder (Type I Only)	0.4 (0.1)	-- (--)	--	--	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	2.8 (0.2)	--	--	2.6 (0.2)	--	--
Major Depressive Disorder	6.0 (0.3)	6.8 (0.3)	−0.8	0.0774	6.7 (0.3)	−0.7	0.1208
Dysthymic Disorder	1.7 (0.2)	1.5 (0.1)	0.2	0.4499	1.5 (0.1)	0.2	0.4499
Major Depressive Episode[5]	*6.3 (0.4)*	*-- (--)*	--	--	*-- (--)*	--	--
Manic Episode[5]	*0.3 (0.1)*	*-- (--)*	--	--	*-- (--)*	--	--
One or More Mood Disorders[6]	7.4 (0.4)	9.7 (0.4)	−2.3	0.0001	9.5 (0.4)	−2.1	0.0003
Past Year Psychotic Symptoms							
Psychotic Screen	0.6 (0.1)	-- (--)	--	--	-- (--)	--	--
Past Year Anxiety Disorders							
Posttraumatic Stress Disorder[7]	0.7 (0.1)	3.6 (0.3)	−2.9	0.0000	3.5 (0.3)	−2.8	0.0000
Panic Disorder with and without Agoraphobia	0.9 (0.1)	2.7 (0.2)	−1.8	0.0000	2.7 (0.2)	−1.8	0.0000
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.9 (0.1)	−0.7	0.0000	0.8 (0.1)	−0.6	0.0000
Social Phobia	1.0 (0.2)	7.1 (0.3)	−6.1	0.0000	6.8 (0.3)	−5.8	0.0000
Specific Phobia	1.6 (0.4)	9.1 (0.4)	−7.5	0.0000	8.7 (0.4)	−7.1	0.0000
Obsessive Compulsive Disorder[8]	0.3 (0.1)	1.2 (0.3)	−0.9	0.0037	1.0 (0.3)	−0.7	0.0224
Generalized Anxiety Disorder	1.8 (0.2)	2.7 (0.2)	−0.9	0.0015	3.1 (0.2)	−1.3	0.0000
Separation Anxiety Disorder[7]	-- (--)	1.9 (0.2)	--	--	0.9 (0.2)	--	--
One or More Anxiety Disorders[9]	5.7 (0.5)	19.1 (0.7)	−13.4	0.0000	18.1 (0.7)	−12.4	0.0000
Past Year Impulse Control Disorders							
Oppositional Defiant Disorder[10]	-- (--)	1.0 (0.2)	--	--	1.0 (0.2)	--	--
Conduct Disorder[10]	-- (--)	1.0 (0.2)	--	--	1.0 (0.2)	--	--
Attention-Deficit/Hyperactivity Disorder[10]	-- (--)	4.1 (0.3)	--	--	4.1 (0.3)	--	--
Intermittent Explosive Disorder	0.4 (0.1)	4.1 (0.3)	−3.7	0.0000	2.6 (0.2)	−2.2	0.0000
One or More Impulse Control Disorders[10]	-- (--)	10.5 (0.7)	--	--	8.9 (0.5)	--	--
Past Year Substance Use Disorders[11]							
Alcohol Abuse[7]	3.1 (0.5)	3.1 (0.3)	0.0	0.9623	3.1 (0.3)	0.0	0.9623
Alcohol Dependence[7]	3.3 (0.4)	-- (--)	--	--	1.3 (0.2)	2.0	0.0000
Alcohol Dependence or Abuse	6.4 (0.6)	-- (--)	--	--	-- (--)	--	--
Illicit Drug[12] Abuse[7]	0.9 (0.2)	1.4 (0.2)	−0.5	0.0710	1.4 (0.1)	−0.5	0.0177
Illicit Drug[12] Dependence[7]	2.1 (0.4)	-- (--)	--	--	0.4 (0.1)	1.7	0.0003
Illicit Drug[12] Dependence or Abuse	3.0 (0.5)	-- (--)	--	--	-- (--)	--	--
One or More Substance Use Disorders[7]	7.8 (0.7)	13.4	−5.6	0.0000	3.8 (0.3)	4.0	0.0000

		(0.6)					
Past Year Adjustment Disorders							
Adjustment Disorder	6.9 (0.5)	-- (--)	--	--	-- (--)	--	--
Past Year Eating Disorders							
Anorexia Nervosa	<0.1 (<0.1)	0.0 (0.0)	0.0	0.1502	-- (--)	--	--
Bulimia Nervosa	<0.1 (<0.1)	0.3 (0.1)	−0.3	0.0073	-- (--)	--	--
One or More Eating Disorders	<0.1 (<0.1)	0.3 (0.1)	−0.3	0.0085	-- (--)	--	--
One or More Past Year Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[14]							
One or More Disorders	11.5 (0.6)	-- (--)	--	--	-- (--)	--	--
1 Disorder	8.0 (0.6)	-- (--)	--	--	-- (--)	--	--
2 Disorders	1.8 (0.2)	-- (--)	--	--	-- (--)	--	--
3+ Disorders	0.9 (0.1)	-- (--)	--	--	-- (--)	--	--
One or More Past Year Disorders (Excluding Adjustment Disorder)[14]							
One or More Disorders	17.1 (0.8)	-- (--)	--	--	-- (--)	--	--
1 Disorder	11.0 (0.7)	-- (--)	--	--	-- (--)	--	--
2 Disorders	3.2 (0.4)	-- (--)	--	--	-- (--)	--	--
3+ Disorders	1.9 (0.2)	-- (--)	--	--	-- (--)	--	--
One or More Past Year Disorders (Including Substance Use Disorder and Adjustment Disorder)[9,14]							
One or More Disorders	22.5 (0.9)	32.4 (1.1)[13]	−9.9	0.0000	26.2 (0.8)	−3.7	0.0031
1 Disorder	14.9 (0.7)	-- (--)	--	--	14.4 (0.6)	0.5	0.5996
2 Disorders	4.1 (0.5)	-- (--)	--	--	5.8 (0.3)	−1.7	0.0034
3+ Disorders	2.2 (0.3)	-- (--)	--	--	6.0 (0.3)	−3.8	0.0000

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**
-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.
[3] These NCS-R estimates come from Table 1 in the Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication (see End Note 26).
[4] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.
[5] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[6] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.
[7] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).
[8] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).
[9] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.
[10] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).
[11] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1),

substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.

[12] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).

[13] Includes nicotine dependence.

[14] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorder even if the total number of disorders cannot be determined.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.2 Past Year Mental Disorders among Males Aged 18 or Older: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R[2]		
Variable	**% (SE)**	**% (SE)**	**Difference[3]**	***P*-value**
Past Year Mood Disorders				
Bipolar Disorder (Type I Only)	0.3 (0.1)	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	2.9 (0.3)	--	--
Major Depressive Disorder	4.4 (0.5)	4.9 (0.4)	−0.5	0.4451
Dysthymic Disorder	1.3 (0.4)	1.0 (0.1)	0.3	0.4285
Major Depressive Episode[4]	*4.6 (0.5)*	*-- (--)*	--	--
Manic Episode[4]	*0.2 (0.1)*	*-- (--)*	--	--
One or More Mood Disorders[5]	5.4 (0.5)	7.7 (0.6)	−2.3	0.0054
Past Year Psychotic Symptoms				
Psychotic Screen	0.6 (0.2)	-- (--)	--	--
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder[6]	0.6 (0.2)	1.8 (0.3)	−1.2	0.0012
Panic Disorder with and without Agoraphobia	0.3 (0.1)	1.6 (0.2)	−1.3	0.0000
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.8 (0.2)	−0.6	0.0155
Social Phobia	1.0 (0.2)	6.1 (0.5)	−5.1	0.0000
Specific Phobia	0.4 (0.2)	5.8 (0.5)	−5.4	0.0000
Obsessive Compulsive Disorder[7]	0.1 (0.1)	0.5 (0.2)	−0.4	0.0621
Generalized Anxiety Disorder	1.0 (0.2)	1.9 (0.3)	−0.9	0.0095
Separation Anxiety Disorder[6]	-- (--)	1.7 (0.3)	--	--
One or More Anxiety Disorders[8]	3.2 (0.4)	14.3 (0.8)	−11.1	0.0000
Past Year Impulse Control Disorders				
Oppositional Defiant Disorder[9]	-- (--)	0.9 (0.3)	--	--
Conduct Disorder[9]	-- (--)	1.7 (0.5)	--	--
Attention-Deficit/Hyperactivity Disorder[9]	-- (--)	4.3 (0.5)	--	--
Intermittent Explosive Disorder	0.6 (0.1)	4.8 (0.4)	−4.2	0.0000
One or More Impulse Control Disorders[9]	-- (--)	11.7 (0.8)	--	--
Past Year Substance Use Disorders[10]				
Alcohol Abuse[6]	4.6 (0.9)	4.5 (0.4)	0.1	0.9320

Alcohol Dependence[6]	4.6 (0.6)	-- (--)	--	--
Alcohol Dependence or Abuse	9.2 (1.1)	-- (--)	--	--
Illicit Drug[11] Abuse[6]	1.6 (0.3)	2.2 (0.3)	−0.6	0.1510
Illicit Drug[11] Dependence[6]	2.9 (0.8)	-- (--)	--	--
Illicit Drug[11] Dependence or Abuse	4.4 (0.9)	-- (--)	--	--
One or More Substance Use Disorders[6]	11.3 (1.2)	15.4 (0.9)[12]	−4.1	0.0081
Past Year Adjustment Disorders				
Adjustment Disorder	6.8 (0.8)	-- (--)	--	--
Past Year Eating Disorders				
Anorexia Nervosa	* (*)	0.0 (0.0)	*	*
Bulimia Nervosa	<0.1 (<0.1)	0.1 (0.1)	−0.1	0.3629
One or More Eating Disorders	<0.1 (<0.1)	0.1 (0.1)	−0.1	0.3763
Past Year One or More Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[13]				
One or More Disorders	8.1 (0.6)	-- (--)	--	--
1 Disorder	6.0 (0.6)	-- (--)	--	--
2 Disorders	1.1 (0.2)	-- (--)	--	--
3+ Disorders	0.6 (0.1)	-- (--)	--	--
Past Year One or More Disorders (Excluding Adjustment Disorder)[13]				
One or More Disorders	17.3 (1.3)	-- (--)	--	--
1 Disorder	11.9 (1.1)	-- (--)	--	--
2 Disorders	2.9 (0.7)	-- (--)	--	--
3+ Disorders	1.8 (0.4)	-- (--)	--	--
Past Year One or More Disorders (Including Substance Use Disorder and Adjustment Disorder)[8,13]				
One or More Disorders	22.2 (1.5)	29.9 (1.3)[12]	−7.7	0.0002
1 Disorder	14.7 (1.2)	-- (--)	--	--
2 Disorders	4.4 (0.8)	-- (--)	--	--
3+ Disorders	2.0 (0.4)	-- (--)	--	--

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**
-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.
[3] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.
[6] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).

[7] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).
[8] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.
[9] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).
[10] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.
[11] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).
[12] Includes nicotine dependence.
[13] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.3 Past Year Mental Disorders among Females Aged 18 or Older: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R[2]		
Variable	**% (SE)**	**% (SE)**	**Difference[3]**	***P*-value**
Past Year Mood Disorders				
Bipolar Disorder (Type I Only)	0.5 (0.1)	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	2.8 (0.2)	--	--
Major Depressive Disorder	7.5 (0.5)	8.6 (0.4)	−1.1	0.0711
Dysthymic Disorder	2.1 (0.4)	1.9 (0.2)	0.2	0.6953
Major Depressive Episode[4]	*7.9 (0.5)*	*-- (--)*	--	--
Manic Episode[4]	*0.4 (0.1)*	*-- (--)*	--	--
One or More Mood Disorders[5]	9.3 (0.6)	11.6 (0.5)	−2.3	0.0026
Past Year Psychotic Symptoms				
Psychotic Screen	0.6 (0.2)	-- (--)	--	--
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder[6]	0.8 (0.1)	5.2 (0.4)	−4.4	0.0000
Panic Disorder with and without Agoraphobia	1.4 (0.2)	3.8 (0.3)	−2.4	0.0000
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.9 (0.2)	−0.7	0.0012
Social Phobia	0.9 (0.2)	8.0 (0.5)	−7.1	0.0000
Specific Phobia	2.7 (0.8)	12.2 (0.5)	−9.5	0.0000
Obsessive Compulsive Disorder[7]	0.5 (0.1)	1.8 (0.5)	−1.3	0.0102
Generalized Anxiety Disorder	2.6 (0.3)	3.4 (0.2)	−0.8	0.0371
Separation Anxiety Disorder[6]	-- (--)	2.1 (0.2)	--	--
One or More Anxiety Disorders[8]	7.9 (1.0)	23.4 (0.8)	−15.5	0.0000
Past Year Impulse Control Disorders				
Oppositional Defiant Disorder[9]	-- (--)	1.1 (0.2)	--	--
Conduct Disorder[9]	-- (--)	0.4 (0.1)	--	--
	-- (--)	3.9 (0.6)	--	--

Attention-Deficit/Hyperactivity Disorder				
Intermittent Explosive Disorder	0.2 (0.1)	3.4 (0.4)	−3.2	0.0000
One or More Impulse Control Disorders[9]	-- (--)	9.3 (1.0)	--	--
Past Year Substance Use Disorders[10]				
Alcohol Abuse[6]	1.7 (0.3)	1.8 (0.3)	−0.1	0.7703
Alcohol Dependence[6]	2.1 (0.4)	-- (--)	--	--
Alcohol Dependence or Abuse	3.7 (0.6)	-- (--)	--	--
Illicit Drug[11] Abuse[6]	0.3 (0.1)	0.7 (0.1)	−0.4	0.0131
Illicit Drug[11] Dependence[6]	1.3 (0.3)	-- (--)	--	--
Illicit Drug[11] Dependence or Abuse	1.6 (0.3)	-- (--)	--	--
One or More Substance Use Disorders[6]	4.5 (0.6)	11.6 (0.8)[12]	−7.1	0.0000
Past Year Adjustment Disorders				
Adjustment Disorder	7.0 (0.6)	-- (--)	--	--
Past Year Eating Disorders				
Anorexia Nervosa	<0.1 (<0.1)	0.0 (0.0)	0.0	0.2399
Bulimia Nervosa	<0.1 (<0.1)	0.5 (0.2)	−0.5	0.0242
One or More Eating Disorders	<0.1 (<0.1)	0.5 (0.2)	−0.5	0.0266
Past Year One or More Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[13]				
One or More Disorders	14.6 (1.1)	-- (--)	--	--
1 Disorder	9.9 (1.0)	-- (--)	--	--
2 Disorders	2.4 (0.2)	-- (--)	--	--
3+ Disorders	1.2 (0.2)	-- (--)	--	--
Past Year One or More Disorders (Excluding Adjustment Disorder)[13]				
One or More Disorders	16.9 (1.1)	-- (--)	--	--
1 Disorder	10.1 (1.0)	-- (--)	--	--
2 Disorders	3.5 (0.5)	-- (--)	--	--
3+ Disorders	2.0 (0.3)	-- (--)	--	--
Past Year One or More Disorders (Including Substance Use Disorder and Adjustment Disorder)[8,13]				
One or More Disorders	22.8 (1.2)	34.7 (1.1)[12]	−11.9	0.0000
1 Disorder	15.1 (1.0)	-- (--)	--	--
2 Disorders	3.8 (0.4)	-- (--)	--	--
3+ Disorders	2.4 (0.3)	-- (--)	--	--

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**
-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National

Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.

[3] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.

[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.

[5] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.

[6] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).

[7] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).

[8] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.

[9] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).

[10] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.

[11] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).

[12] Includes nicotine dependence.

[13] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.4 Past Year Mental Disorders among Adults Aged 18 to 29: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R[2]		
Variable	**% (SE)**	**% (SE)**	**Difference[3]**	***P*-value**
Past Year Mood Disorders				
Bipolar Disorder (Type I Only)	0.4 (0.1)	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	4.7 (0.6)	--	--
Major Depressive Disorder	7.8 (0.9)	8.3 (0.4)	−0.5	0.6324
Dysthymic Disorder	1.6 (0.3)	1.1 (0.2)	0.5	0.2091
Major Depressive Episode[4]	*8.5 (0.9)*	*-- (--)*	--	--
Manic Episode[4]	*0.2 (0.1)*	*-- (--)*	--	--
One or More Mood Disorders[5]	9.1 (0.9)	12.9 (0.7)	−3.8	0.0014
Past Year Psychotic Symptoms				
Psychotic Screen	0.2 (0.1)	-- (--)	--	--
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder[6]	0.6 (0.1)	4.0 (0.5)	−3.4	0.0000
Panic Disorder with and without Agoraphobia	0.8 (0.2)	2.8 (0.4)	−2.0	0.0000
Agoraphobia without History of Panic Disorder	0.1 (0.1)	1.0 (0.2)	−0.9	0.0000
Social Phobia	1.7 (0.5)	9.1 (0.7)	−7.4	0.0000
Specific Phobia	1.5 (0.6)	10.3 (0.8)	−8.8	0.0000
Obsessive Compulsive Disorder[7]	0.5 (0.2)	1.5 (0.4)	−1.0	0.0229

Generalized Anxiety Disorder	1.6 (0.3)	2.0 (0.3)	−0.4	0.3852
Separation Anxiety Disorder[6]	-- (--)	4.0 (0.5)	--	--
One or More Anxiety Disorders[8]	5.8 (0.9)	22.3 (1.0)	−16.5	0.0000
Past Year Impulse Control Disorders				
Oppositional Defiant Disorder[9]	-- (--)	1.2 (0.3)	--	--
Conduct Disorder[9]	-- (--)	1.4 (0.3)	--	--
Attention-Deficit/Hyperactivity Disorder[9]	-- (--)	3.9 (0.4)	--	--
Intermittent Explosive Disorder	0.8 (0.2)	8.3 (0.9)	−7.5	0.0000
One or More Impulse Control Disorders[9]	-- (--)	11.9 (1.1)	--	--
Past Year Substance Use Disorders[10]				
Alcohol Abuse[6]	5.0 (0.9)	7.1 (0.7)	−2.1	0.0667
Alcohol Dependence[6]	5.2 (1.0)	-- (--)	--	--
Alcohol Dependence or Abuse	10.3 (1.3)	-- (--)	--	--
Illicit Drug[11] Abuse[6]	2.9 (0.7)	3.9 (0.5)	−1.0	0.2390
Illicit Drug[11] Dependence[6]	4.9 (1.0)	-- (--)	--	--
Illicit Drug[11] Dependence or Abuse	7.8 (1.2)	-- (--)	--	--
One or More Substance Use Disorders[6]	13.7 (1.4)	22.0 (1.6)[12]	−8.3	0.0002
Past Year Adjustment Disorders				
Adjustment Disorder	7.5 (1.1)	-- (--)	--	--
Past Year Eating Disorders				
Anorexia Nervosa	<0.1 (<0.1)	0.0 (0.0)	0.0	0.2074
Bulimia Nervosa	<0.1 (<0.1)	0.3 (0.2)	−0.3	0.2067
One or More Eating Disorders	0.1 (0.0)	0.3 (0.2)	−0.2	0.2468
Past Year One or More Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[13]				
One or More Disorders	13.6 (1.2)	-- (--)	--	--
1 Disorder	9.0 (1.1)	-- (--)	--	--
2 Disorders	1.7 (0.3)	-- (--)	--	--
3+ Disorders	1.0 (0.2)	-- (--)	--	--
Past Year One or More Disorders (Excluding Adjustment Disorder)[13]				
One or More Disorders	23.0 (1.7)	-- (--)	--	--
1 Disorder	12.9 (1.3)	-- (--)	--	--
2 Disorders	4.2 (0.7)	-- (--)	--	--
3+ Disorders	4.0 (0.9)	-- (--)	--	--
Past Year One or More Disorders (Including Substance Use Disorder and Adjustment Disorder)[8,13]				
One or More Disorders	29.0 (1.9)	43.8 (1.8)[12]	−14.8	0.0000
1 Disorder	18.3 (1.5)	-- (--)	--	--
2 Disorders	3.9 (0.5)	-- (--)	--	--
3+ Disorders	4.8 (1.1)	-- (--)	--	--

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**

-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.
[3] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.
[6] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).
[7] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).
[8] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.
[9] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).
[10] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.
[11] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).
[12] Includes nicotine dependence.
[13] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.5 Past Year Mental Disorders among Adults Aged 30 to 44: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R[2]		
Variable	**% (SE)**	**% (SE)**	**Difference[3]**	***P*-value**
Past Year Mood Disorders				
Bipolar Disorder (Type I Only)	0.4 (0.1)	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	3.5 (0.4)	--	--
Major Depressive Disorder	7.5 (0.7)	8.4 (0.5)	−0.9	0.2594
Dysthymic Disorder	1.8 (0.3)	1.7 (0.3)	0.1	0.8953
Major Depressive Episode[4]	*7.9 (0.7)*	*-- (--)*	--	--
Manic Episode[4]	*0.3 (0.1)*	*-- (--)*	--	--
One or More Mood Disorders[5]	8.8 (0.7)	11.9 (0.7)	−3.1	0.0027
Past Year Psychotic Symptoms				
Psychotic Screen	0.6 (0.2)	-- (--)	--	--
Past Year Anxiety Disorders				

Posttraumatic Stress Disorder[6]	0.8 (0.2)	3.5 (0.5)	−2.7	0.0000
Panic Disorder with and without Agoraphobia	1.4 (0.3)	3.7 (0.5)	−2.3	0.0001
Agoraphobia without History of Panic Disorder	0.2 (0.1)	0.8 (0.2)	−0.6	0.0074
Social Phobia	1.3 (0.3)	8.7 (0.7)	−7.4	0.0000
Specific Phobia	0.7 (0.2)	9.7 (0.6)	−9.0	0.0000
Obsessive Compulsive Disorder[7]	0.3 (0.1)	1.4 (0.6)	−1.1	0.0800
Generalized Anxiety Disorder	3.0 (0.4)	3.5 (0.3)	−0.5	0.3487
Separation Anxiety Disorder[6]	-- (--)	2.2 (0.3)	--	--
One or More Anxiety Disorders[8]	6.4 (0.6)	22.7 (1.0)	−16.3	0.0000
Past Year Impulse Control Disorders				
Oppositional Defiant Disorder[9]	-- (--)	0.8 (0.2)	--	--
Conduct Disorder[9]	-- (--)	0.8 (0.3)	--	--
Attention-Deficit/Hyperactivity Disorder[9]	-- (--)	4.2 (0.6)	--	--
Intermittent Explosive Disorder	0.7 (0.2)	4.6 (0.4)	−3.9	0.0000
One or More Impulse Control Disorders[9]	-- (--)	9.2 (0.7)	--	--
Past Year Substance Use Disorders[10]				
Alcohol Abuse[6]	3.0 (0.5)	3.3 (0.5)	−0.3	0.6388
Alcohol Dependence[6]	3.4 (0.6)	-- (--)	--	--
Alcohol Dependence or Abuse	6.3 (0.7)	-- (--)	--	--
Illicit Drug[11] Abuse[6]	0.6 (0.2)	1.2 (0.3)	−0.6	0.1267
Illicit Drug[11] Dependence[6]	2.1 (0.5)	-- (--)	--	--
Illicit Drug[11] Dependence or Abuse	2.7 (0.6)	-- (--)	--	--
One or More Substance Use Disorders[6]	8.1 (0.9)	13.8 (1.1)[12]	−5.7	0.0001
Past Year Adjustment Disorders				
Adjustment Disorder	7.7 (0.9)	-- (--)	--	--
Past Year Eating Disorders				
Anorexia Nervosa	* (*)	0.0 (0.0)	*	*
Bulimia Nervosa	<0.1 (<0.1)	0.4 (0.2)	−0.4	0.0687
One or More Eating Disorders	<0.1 (<0.1)	0.4 (0.2)	−0.4	0.0687
Past Year One or More Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[13]				
One or More Disorders	12.9 (0.9)	-- (--)	--	--
1 Disorder	8.3 (0.8)	-- (--)	--	--
2 Disorders	2.4 (0.3)	-- (--)	--	--
3+ Disorders	1.3 (0.3)	-- (--)	--	--
Past Year One or More Disorders (Excluding Adjustment Disorder)[13]				
One or More Disorders	18.8 (1.2)	-- (--)	--	--
1 Disorder	12.0 (1.0)	-- (--)	--	--
2 Disorders	3.2 (0.4)	-- (--)	--	--
3+ Disorders	2.4 (0.4)	-- (--)	--	--
Past Year One or More Disorders (Including Substance Use Disorder and [8,13]				

Adjustment Disorder)				
One or More Disorders	24.8 (1.4)	36.9 (1.3)[12]	−12.1	0.0000
1 Disorder	16.7 (1.4)	-- (--)	--	--
2 Disorders	4.2 (0.5)	-- (--)	--	--
3+ Disorders	2.6 (0.4)	-- (--)	--	--

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**
-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.
[3] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.
[6] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).
[7] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).
[8] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.
[9] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).
[10] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.
[11] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).
[12] Includes nicotine dependence.
[13] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.6 Past Year Mental Disorders among Adults Aged 45 to 59: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R[2]		
Variable	**% (SE)**	**% (SE)**	**Difference[3]**	***P*-value**
Past Year Mood Disorders				
Bipolar Disorder (Type I Only)	0.3 (0.1)	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	2.2 (0.3)	--	--
Major Depressive Disorder	5.9 (0.7)	7.0 (0.7)	−1.1	0.2616

Dysthymic Disorder	1.3 (0.3)	2.3 (0.5)	−1.0	0.0719
Major Depressive Episode[4]	*6.3 (0.7)*	*-- (--)*	--	--
Manic Episode[4]	*0.3 (0.1)*	*-- (--)*	--	--
One or More Mood Disorders[5]	6.7 (0.7)	9.4 (0.7)	−2.7	0.0063
Past Year Psychotic Symptoms				
Psychotic Screen	0.9 (0.4)	-- (--)	--	--
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder[6]	0.9 (0.2)	5.3 (0.6)	−4.4	0.0000
Panic Disorder with and without Agoraphobia	1.0 (0.3)	3.1 (0.4)	−2.1	0.0000
Agoraphobia without History of Panic Disorder	0.4 (0.2)	1.2 (0.3)	−0.8	0.0374
Social Phobia	0.5 (0.2)	6.8 (0.6)	−6.3	0.0000
Specific Phobia	0.4 (0.2)	10.3 (0.9)	−9.9	0.0000
Obsessive Compulsive Disorder[7]	0.3 (0.1)	1.1 (0.6)	−0.8	0.2101
Generalized Anxiety Disorder	1.5 (0.4)	3.4 (0.3)	−1.9	0.0001
Separation Anxiety Disorder[6]	-- (--)	1.3 (0.3)	--	--
One or More Anxiety Disorders[8]	4.3 (0.6)	20.6 (1.3)	−16.3	0.0000
Past Year Impulse Control Disorders				
Oppositional Defiant Disorder[9]	-- (--)	-- (--)	--	--
Conduct Disorder[9]	-- (--)	-- (--)	--	--
Attention-Deficit/Hyperactivity Disorder[9]	-- (--)	-- (--)	--	--
Intermittent Explosive Disorder	0.2 (0.1)	2.1 (0.3)	−1.9	0.0000
One or More Impulse Control Disorders[9]	-- (--)	-- (--)	--	--
Past Year Substance Use Disorders[10]				
Alcohol Abuse[6]	3.3 (1.2)	1.6 (0.3)	1.7	0.1814
Alcohol Dependence[6]	3.4 (0.7)	-- (--)	--	--
Alcohol Dependence or Abuse	6.7 (1.4)	-- (--)	--	--
Illicit Drug[11] Abuse[6]	0.2 (0.1)	0.4 (9.1)	−0.2	0.9832
Illicit Drug[11] Dependence[6]	1.4 (1.0)	-- (--)	--	--
Illicit Drug[11] Dependence or Abuse	1.6 (1.0)	-- (--)	--	--
One or More Substance Use Disorders[6]	7.2 (1.4)	11.2 (1.2)[12]	−4.0	0.0351
Past Year Adjustment Disorders				
Adjustment Disorder	7.0 (0.9)	-- (--)	--	--
Past Year Eating Disorders				
Anorexia Nervosa	* (*)	0.0 (0.0)	*	*
Bulimia Nervosa	<0.1 (<0.1)	0.4 (0.2)	−0.4	0.0649
One or More Eating Disorders	<0.1 (<0.1)	0.4 (0.2)	−0.4	0.0668
Past Year One or More Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[13]				
One or More Disorders	9.2 (0.8)	-- (--)	--	--
1 Disorder	5.8 (0.7)	-- (--)	--	--
2 Disorders	2.1 (0.5)	-- (--)	--	--
3+ Disorders	0.8 (0.2)	-- (--)	--	--

Past Year One or More Disorders (Excluding Adjustment Disorder)[13]				
One or More Disorders	15.2 (1.7)	-- (--)	--	--
1 Disorder	9.7 (1.1)	-- (--)	--	--
2 Disorders	3.4 (1.2)	-- (--)	--	--
3+ Disorders	1.2 (0.3)	-- (--)	--	--
Past Year One or More Disorders (Including Substance Use Disorder and Adjustment Disorder)[8,13]				
One or More Disorders	20.6 (1.7)	31.1 (2.0)[12]	−10.5	0.0001
1 Disorder	13.3 (1.2)	-- (--)	--	--
2 Disorders	4.8 (1.3)	-- (--)	--	--
3+ Disorders	1.3 (0.3)	-- (--)	--	--

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**
-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.
[3] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.
[6] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).
[7] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).
[8] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.
[9] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).
[10] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.
[11] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).
[12] Includes nicotine dependence.
[13] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.7 Past Year Mental Disorders among Adults Aged 60 or Older: Percentages, MHSS Clinical Study, 2008-2012, and NCS-R, 2001-2003

	MHSS Clinical Study[1]	NCS-R[2]		
Variable	**% (SE)**	**% (SE)**	**Difference[3]**	***P*-value**
Past Year Mood Disorders				
Bipolar Disorder (Type I Only)	0.5 (0.3)	-- (--)	--	--
Bipolar Disorder (Type I and Type II)	-- (--)	0.7 (0.2)	--	--
Major Depressive Disorder	2.5 (0.6)	2.9 (0.4)	−0.4	0.5583
Dysthymic Disorder	2.3 (0.9)	0.5 (0.2)	1.8	0.0383
Major Depressive Episode[4]	*2.5 (0.6)*	*-- (--)*	--	--
Manic Episode[4]	*0.5 (0.3)*	*-- (--)*	--	--
One or More Mood Disorders[5]	5.0 (1.0)	3.6 (0.4)	1.4	0.2069
Past Year Psychotic Symptoms				
Psychotic Screen	0.4 (0.3)	-- (--)	--	--
Past Year Anxiety Disorders				
Posttraumatic Stress Disorder[6]	0.6 (0.2)	1.0 (0.2)	−0.4	0.1821
Panic Disorder with and without Agoraphobia	0.2 (0.1)	0.8 (0.2)	−0.6	0.0184
Agoraphobia without History of Panic Disorder	0.0 (0.0)	0.4 (0.1)	−0.4	0.0007
Social Phobia	0.4 (0.2)	3.1 (0.3)	−2.7	0.0000
Specific Phobia	4.3 (1.9)	5.6 (0.5)	−1.3	0.5151
Obsessive Compulsive Disorder[7]	* (*)	0.5 (0.3)	*	*
Generalized Anxiety Disorder	0.9 (0.5)	1.5 (0.3)	−0.6	0.2775
Separation Anxiety Disorder[6]	-- (--)	0.1 (0.1)	--	--
One or More Anxiety Disorders[8]	6.4 (1.9)	9.0 (0.8)	−2.6	0.2095
Past Year Impulse Control Disorders				
Oppositional Defiant Disorder[9]	-- (--)	-- (--)	--	--
Conduct Disorder[9]	-- (--)	-- (--)	--	--
Attention-Deficit/Hyperactivity Disorder[9]	-- (--)	-- (--)	--	--
Intermittent Explosive Disorder	* (*)	0.9 (0.3)	*	*
One or More Impulse Control Disorders[9]	-- (--)	-- (--)	--	--
Past Year Substance Use Disorders[10]				
Alcohol Abuse[6]	0.9 (0.6)	0.3 (0.2)	0.6	0.3554
Alcohol Dependence[6]	1.0 (0.5)	-- (--)	--	--
Alcohol Dependence or Abuse	1.9 (0.8)	-- (--)	--	--
Illicit Drug[11] Abuse[6]	0.2 (0.1)	0.0 (0.0)	0.2	0.1469
Illicit Drug[11] Dependence[6]	0.0 (0.0)	-- (--)	--	--
Illicit Drug[11] Dependence or Abuse	0.2 (0.1)	-- (--)	--	--
One or More Substance Use Disorders[6]	2.1 (0.8)	5.9 (0.7)[12]	−3.8	0.0006
Past Year Adjustment Disorders				
Adjustment Disorder	5.1 (1.2)	-- (--)	--	--
Past Year Eating Disorders				
Anorexia Nervosa	* (*)	0.0 (0.0)	*	*
Bulimia Nervosa	* (*)	0.1 (0.1)	*	*
One or More Eating Disorders	* (*)	0.1 (0.1)	*	*

Past Year One or More Disorders (Excluding Substance Use Disorder and Adjustment Disorder)[13]				
One or More Disorders	10.8 (2.2)	-- (--)	--	--
1 Disorder	9.8 (2.1)	-- (--)	--	--
2 Disorders	0.7 (0.3)	-- (--)	--	--
3+ Disorders	0.2 (0.2)	-- (--)	--	--
Past Year One or More Disorders (Excluding Adjustment Disorder)[13]				
One or More Disorders	11.8 (2.2)	-- (--)	--	--
1 Disorder	9.5 (2.1)	-- (--)	--	--
2 Disorders	1.8 (0.8)	-- (--)	--	--
3+ Disorders	0.3 (0.2)	-- (--)	--	--
Past Year One or More Disorders (Including Substance Use Disorder and Adjustment Disorder)[8,13]				
One or More Disorders	15.7 (2.3)	15.5 (1.0)[12]	0.2	0.9325
1 Disorder	11.7 (2.1)	-- (--)	--	--
2 Disorders	3.1 (1.2)	-- (--)	--	--
3+ Disorders	0.3 (0.2)	-- (--)	--	--

MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; SE = standard error.
***Low precision; no estimate reported.**
-- Not available. Some information is collected in the MHSS but not the NCS-R, and other information is collected in the NCS-R but not the MHSS.
NOTE: Weighted percentages are computed using the final analysis weights for the 2008-2012 MHSS clinical sample (MHFNLWGT). Standard errors of weighted percentages have been computed with the WTADJX procedure of SUDAAN® (see End Note 27), recognizing that the MHSS clinical sample weights were calibrated annually to estimated totals computed from a larger NSDUH sample of adults.
NOTE: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
[1] Combined variables are set to "Yes" if one or more source variables are "Yes," to "No" if all of the source variables are "No," and to "missing" otherwise. Cases with missing values in the variables collected from the clinical interview are excluded from the analyses.
[2] NCS-R estimates of bulimia nervosa come from appendix Table 2 in The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication; see Hudson, J. I., Hiripi, E., Pope, H. G. Jr., & Kessler, R. C. (2012). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 72*, 164. It is noted in the report that no cases of past year anorexia nervosa were found in the sample, so these estimates were set to 0. All other NCS-R estimates come from prevalence tables at http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf.
[3] Differences of weighted percentages are between the 2008-2012 MHSS and the 2001-2003 NCS-R.
[4] Major depressive episode and manic episode are not disorders in and of themselves but were measured in the assessment of major depressive disorder and bipolar I disorder.
[5] One or more mood disorders is defined as having major depressive disorder, bipolar disorder (type I only), or dysthymic disorder in the past year in MHSS and as having major depressive disorder, bipolar disorder (type I or type II), or dysthymic disorder in the past year in NCS-R.
[6] The NCS-R estimates are assessed in the Part II sample (the overall population sample size *n* = 5,692 in both NCS-R tables and report).
[7] The NCS-R estimates are assessed in a random one third of the Part II sample (the overall population sample size *n* = 2,073 in NCS-R tables and *n* = 1,808 in NCS-R report).
[8] The NCS-R estimates are estimated in the Part II sample. No adjustment is made for the fact that one or more disorders in the category were not assessed for all Part II respondents.
[9] The NCS-R estimates are assessed in the Part II sample among respondents aged 18 to 44 (the overall population sample size *n* = 3,197 in NCS-R tables and *n* = 3,199 in NCS-R report).
[10] As defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; see End Note 1), substance abuse and dependence are mutually exclusive in the MHSS. In the MHSS, if a respondent is classified as having substance dependence (i.e., either alcohol or illicit drug dependence), then he or she is not classified as having abuse regardless of responses to the abuse criteria questions. In the NCS-R, substance abuse and dependence are not mutually exclusive. The abuse category includes abuse with and without dependence.
[11] In the MHSS clinical study, the illicit drugs assessed included marijuana/hashish, cocaine (including crack and freebase), heroin, hallucinogens/PCP, inhalants, prescription pain relievers, stimulants, and sedatives/hypnotics/anxiolytics. In the NCS-R, illicit drugs included marijuana/hashish, cocaine (including crack, free base, coca leaves and paste), prescription drugs (including tranquilizers, stimulants, pain killers, and other drugs used nonmedically) and other drugs (including heroin, opium, glue, LSD, peyote, and other drugs).
[12] Includes nicotine dependence.
[13] One or more disorders is defined as having at least one of the measured mood disorders, anxiety disorders, substance use disorders (included or excluded as specified in the table), or eating disorders or having adjustment disorder (included or excluded as specified in the

table) or intermittent explosive disorder. A respondent with at least one known disorder can be classified as having one or more disorders even if the total number of disorders cannot be determined.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH) Main Study and Clinical Sample, 2008-2012; National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), and the W.T. Grant Foundation, NCS-R, 2001-2003.

Table B.8 Summary of Factors That May Affect Estimates

Factor	MHSS	NCS-R
Data Collection Period	• Collected data from 2008 through 2012.	• Collected data from 2001 through 2003.
Data Collection Mode	• Collected data via telephone interview using paper-and-pencil assessment.	• Collected data in person using laptop computer-assisted personal interviewing.
Interview Type and Interviewer Qualifications	• Used clinical interviewers with masters- or doctorate-level clinical training. • Used the SCID, an interviewer-based interview in which the interview schedule is used as a tool to guide the interviewer in assessing whether the symptoms assessed are present or absent.[1] • Clinical interviewers followed standard interview questions with unstructured follow-up questions tailored to each respondent, and then coded the presence or absence of each disorder based on the respondent's answers to both structured and unstructured questions, as well as their clinical judgment. • Quality of data gathered in this type of interview is dependent upon the clinical interviewers' ability to effectively probe for details about the respondents' experiences and the interviewers' levels of familiarity with differing symptom presentations.	• Used lay interviewers. • Used the CIDI, a respondent-based interview, in which the respondent is called upon to interpret the question and decide on a response; interviewers are restricted to repeating questions and emphasizing important words to help the respondent correctly understand the questions. • Lay interviewers followed structured interview protocols, with no additional probes and no clinical judgment. • Quality of data from this type of interview is somewhat dependent upon the respondents' ability to understand the descriptions of the symptoms being described and to relate those descriptions appropriately to their own experiences and behaviors. • Respondent-based interviews also rely on the respondents to be able to accurately attribute the cause of symptoms, such as symptoms that occur only after the use of medications, drugs, or

		alcohol or those that occur as the result of a physical illness.
Context Effects	• The order in which disorders are assessed in the CIDI (NCS-R) and the SCID (MHSS clinical study) differed. • The MHSS clinical study assessed lifetime major depressive episode and manic episode only if past year disorder was absent to enable proper past year diagnosis of MDD versus bipolar disorder but did not assess lifetime for any other disorder. • Screener questions in the SCID used in the MHSS clinical study included a section of screener questions at the beginning of the interview for panic disorder, agoraphobia, social phobia, specific phobia, obsessive compulsive disorder (2 questions—one for obsessions and one for compulsions), GAD, anorexia nervosa, and bulimia nervosa, as well as screener questions at the beginning of the posttraumatic stress disorder, mood episodes, and IED modules, where a "no" answer to a particular question skips the respondent out of the remainder of that module.	• The order in which disorders are assessed in the CIDI (NCS-R) and the SCID (MHSS clinical study) differed. • The NCS-R assessed lifetime for all disorders, followed by an assessment of past year disorder only if lifetime was present. • The CIDI used in the NCS-R included *multiple* screening questions for each screened disorder at the beginning of the interview for MDD, mania (bipolar disorder), panic disorder, social phobia, agoraphobia, GAD, IED, and specific phobia, where endorsement of at least one screening question routed the respondent into each disorder-specific module.
Diagnostic Criteria	• Some diagnoses in DSM-IV-TR[2] (e.g., IED, a new diagnosis in the DSM-IV) had ill-defined diagnostic criteria in the DSM-IV, which may have rendered estimates vulnerable to measurement error.	• Some diagnoses in DSM-IV-TR (e.g., IED, a new diagnosis in the DSM-IV) had ill-defined diagnostic criteria in the DSM-IV, which may have rendered estimates vulnerable to measurement error.
Incentive Amount	• Participants received a $30 incentive for NSDUH and $30 for MHSS, paid in advance of the interview.	• Participants received a $50 incentive, paid at the end of the interview.
Informed Consent Procedures	• Respondents were provided with verbal assurances of confidentiality and gave verbal consent to participate in the MHSS clinical study interview twice— once at the end of the NSDUH when they were selected for the study and again before starting the MHSS clinical study interview (which included permission to be audio recorded).	• Respondents were provided with verbal assurances of confidentiality and gave verbal consent before starting the interview.
Sample Selection	• The sample was drawn from a subset of the NSDUH respondents who completed the main survey in English. • The probability of being selected depended	• The sample was drawn directly from the civilian, noninstitutionalized community of English-speaking residents.

	on factors reported in NSDUH (e.g., age, functional impairment, and psychological distress). • Used analysis weights to account for sampling probabilities and the undercoverage of Hispanics or Latinos (because the interview was only conducted in English) and to account for the two phases of nonresponse in the MHSS (i.e., at the end of the NSDUH main interview and during the attempt to administer the MHSS clinical study interview). • Poststratification adjustment forced the sum of the analysis weights to equal the sum of the analysis weights for the adult NSDUH main interview sample for a set of variables and variable interactions that predict serious mental illness.	• The sample was drawn using a multistage clustered area probability sample of households. • Used analysis weights to adjust for nonresponse but did not account for the exclusion of non-English-speaking residents. • Poststratification adjustment forced the sum of the analysis weights to equal the sum of the analysis weights for the March 2002 Current Population Survey data for several sociodemographic variables.

CIDI = Composite International Diagnostic Interview; GAD = generalized anxiety disorder; IED = intermittent explosive disorder; MDD = major depressive disorder; MHSS = Mental Health Surveillance Study; NCS-R = National Comorbidity Survey-Replication; NSDUH = National Survey on Drug Use and Health; SCID = Structured Clinical Interview for DSM-IV.

[1] See End Note 36.

[2] See End Note 1.

Appendix C: Diagnostic Criteria for Mental Disorders Assessed in the MHSS Clinical Study

This appendix summarizes the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR),[1] diagnostic criteria for the mental disorders and diagnostic categories assessed in the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) used in the Mental Health Surveillance Study (MHSS) clinical study. The MHSS clinical study was designed to measure the more common disorders that are included in the definition of serious mental illness (SMI). The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined adults with SMI as individuals aged 18 or older who have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration in the past year to meet diagnostic criteria specified within the DSM-IV-TR associated with serious functional impairment that has substantially interfered with or limited one or more major life activities.

Disorders Included in the Definition of SMI and Included in the MHSS Clinical Study. Many of the more common DSM-IV-TR mood and anxiety disorders that are included in the definition of SMI when they are associated with significant levels of functional impairment were included in the MHSS clinical study: major depressive disorder (MDD), bipolar I disorder, dysthymic disorder, generalized anxiety disorder (GAD), specific phobia, social phobia, panic disorder (with and without agoraphobia), agoraphobia (without a history of panic disorder), posttraumatic stress disorder (PTSD), and obsessive compulsive disorder (OCD). Other disorders assessed in the MHSS clinical study included in the definition of SMI when associated with significant levels of functional impairment were adjustment disorder and intermittent explosive disorder, as well as two eating disorders, anorexia nervosa and bulimia nervosa.

Disorders Included in the Definition of SMI but Not Included in the MHSS Clinical Study. Several disorders that are included in the definition of SMI when they are associated with significant levels of functional impairment were not included in the MHSS clinical study. Some were excluded because they are more common among children than among adults (disorders first diagnosed in childhood such as separation anxiety, conduct disorder, oppositional defiant disorder, and attention deficit/hyperactivity disorder). Others were excluded because of challenges in assessing them in a single-session telephone interview (personality disorders, schizophrenia and other psychotic disorders, and bipolar II disorder). In the interests of limiting the burden of the clinical interview on respondents, other less common disorders listed in the DSM-IV-TR were also excluded from the clinical study. Furthermore, it was

determined that many of these disorders would be highly co-morbid with disorders that were being assessed in the MHSS SCID, and therefore their inclusion would not contribute substantially to the SMI classification.

Disorders Not Included in the Definition of SMI. Because they are not part of the SMI definition, developmental disorders (e.g., autistic disorder, Asperger's disorder, and mental retardation) were not included in the clinical interview. Substance use disorders, though not part of the definition of SMI, were included in the clinical study because they are an important area of focus for SAMHSA.

Diagnostic Categories of Mental Disorders Assessed by the MHSS Clinical Study SCID

Mood Disorders. The MHSS clinical study SCID included three disorders from the DSM-IV-TR diagnostic category of mood disorders: MDD, bipolar I disorder, and dysthymic disorder. In addition, past year and lifetime major depressive episode (MDE) as well as past year and lifetime manic episode were assessed because they are components and enable differentiation of major depressive and bipolar I disorders.

The essential feature of a mood disorder is a depressed or elevated mood or a decrease or increase in one's interest or involvement in pleasurable activities. Many individuals with a mood disorder report or exhibit increased irritability (e.g., persistent anger, a tendency to respond to events with angry outbursts or blaming others, an exaggerated sense of frustration over minor matters). To meet criteria for a mood disorder, the mood-related problems must represent a change from the individual's typical functioning and must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A diagnosis of past year **MDD** requires having experienced at least one MDE in the past year in the absence of any lifetime history of any types of mania. Symptoms of an MDE reflect having a period of at least 2 weeks of persistent depressed mood or persistent loss of interest in all or nearly all previously pleasurable activities during which other symptoms such as sleep disturbance or suicidality are present. Depressive symptoms resulting from a medical condition (e.g., hypo- or hyperthyroidism), medication or substance use, or bereavement are not classified as an MDE and preclude the respondent from having MDD.

A diagnosis of past year **bipolar I disorder** requires at least one manic episode experienced in the past year or at least one MDE in the past year in addition to at least one lifetime manic episode. Manic episodes are characterized by a period lasting at least a week in which elevated or irritable mood is experienced along with other symptoms such as grandiosity and decreased need for sleep. The manic episode symptoms should not be due to the direct physiological effects of a substance (e.g., use of a drug or medication) or a general medical condition (e.g., hypo- or hyperthyroidism). A diagnosis of past year **dysthymic disorder** reflects having a period of at least 2 years of persistent depressed mood accompanied by other symptoms such as appetite or overeating problems, sleep problems, or low self-esteem. In some cases, both dysthymic disorder and MDD diagnostic criteria may be met. In these instances, both diagnoses are assigned. MDD and bipolar I disorder and dysthymic and bipolar I disorder are, however, mutually exclusive.

Anxiety Disorders. The MHSS clinical study SCID included seven disorders from the DSM-IV-TR diagnostic category of anxiety disorders: GAD, specific phobia, social phobia, panic disorder (with and without agoraphobia), agoraphobia (without a history of panic disorder), PTSD, and OCD. Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods. They differ from transient fear or anxiety, which is often stress induced, by being persistent (e.g., typically lasting 6 months or more). Because individuals with anxiety disorders typically overestimate the danger in situations they fear or avoid, the primary determination of whether the fear or anxiety is excessive or out of proportion is made by the clinician, taking cultural contextual factors into account. To meet criteria for an anxiety disorder, the anxiety, fear, and/or avoidance must represent a change from the individual's typical functioning, and the anxiety-related problems must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A diagnosis of past year **GAD** reflects a prolonged period (at least 6 months) of persistent, excessive, uncontrollable worry about a number of things. This period of worry is accompanied by other persistent symptoms such as feeling restless, feeling fatigued easily, having trouble concentrating, or having sleep problems. A past year **specific phobia** diagnosis reflects an excessive and persistent (for at least 6 months) fear of an object or situation such that every exposure to the feared object or situation causes an extreme anxiety response that the person recognizes as being excessive. This fear often results in avoidance of the feared object or situation and distress in cases where

avoidance is not possible. A diagnosis of past year **social phobia** is the same as specific phobia with the exception that the fear is of a social performance situation rather than an object or other situation. A past year **panic disorder (with or without agoraphobia)** diagnosis reflects the occurrence of repeated and unexpected panic attacks followed by persistent concern about having another panic attack. Panic attacks are characterized by a short period (peaking within 10 minutes) of intense fear that includes physiological symptoms (e.g., pounding heart, sweating, shortness of breath). As its name implies, a past year diagnosis of **agoraphobia without a history of panic disorder** requires symptoms of agoraphobia in the absence of a history of panic disorder. Symptoms of agoraphobia include excessive anxiety about being in places or situations from which one might have difficulty escaping or getting help with unexpected panic symptoms (e.g., trains, tunnels, crowded places). In addition, the person avoids the anxiety-provoking situations or experiences great distress while enduring them, and the avoidance or distress interferes significantly with the person's normal functioning.

A diagnosis of past year **OCD** is characterized by either obsessions (recurring, persistent, intrusive, and inappropriate thoughts) or compulsions (repetitive behaviors, such as hand washing or checking, or mental acts, such as praying or counting, that a person feels driven to perform) that cause great distress and take up more than 1 hour each day. These repeated acts are performed to prevent or reduce distress or to prevent some dreaded situation, although the acts are clearly excessive or are not connected to the outcome they are designed to prevent.

A past year diagnosis of **PTSD** reflects a response of intense fear, helplessness, or horror following exposure to a traumatic event in one's lifetime. The traumatic event led to the person having past year re-experiencing symptoms (e.g., flashbacks), avoidance symptoms (e.g., efforts made to avoid thinking or talking about the event), and arousal symptoms (e.g., hypervigilance) which caused significant distress or impairment.

*Substance Use Disorders***.** Four substance use disorders were assessed in the MHSS clinical study SCID: alcohol dependence, alcohol abuse, illicit drug dependence, and illicit drug abuse.[g] The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. Criteria symptoms can be considered to fit within overall groupings of impaired control, social impairment, risky use, and pharmacological criteria. The behavioral symptoms may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. To meet criteria for a substance use disorder, the substance-related problems must be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A past year diagnosis of **alcohol dependence** reflects a maladaptive pattern of alcohol use characterized by at least three symptoms during a 12-month period (tolerance, withdrawal, drinking larger amounts or for a longer period of time than intended, having a persistent desire or having made unsuccessful attempts to control alcohol use, spending a great deal of time on activities related to alcohol use, or continued alcohol use despite knowing that an existing physical or psychological problem is caused or made worse by alcohol use). A diagnosis of past year **alcohol abuse** requires a maladaptive pattern of alcohol use characterized by at least one symptom during a 12-month period (failure to fulfill role obligations as a consequence of recurrent alcohol use, recurrent use in situations in which use is physically hazardous (such as driving a car or operating machinery), repeated legal problems related to alcohol use, or continued alcohol use despite knowing that existing social or interpersonal problems are caused or made worse by alcohol use. A diagnosis of past year **illicit drug dependence** requires the same symptoms as alcohol dependence relative to a maladaptive pattern of illicit drug use. Likewise, a past year diagnosis of **illicit drug abuse** requires the same symptoms as alcohol abuse relative to a maladaptive pattern of illicit drug use.

Other Disorders. The MHSS clinical study SCID also assessed several disorders from other DSM-IV-TR diagnostic categories: anorexia nervosa and bulimia nervosa (both eating disorders), adjustment disorder, and intermittent explosive disorder (an impulse control disorder). These disorders are heterogeneous in nature but each requires distinct cognitive, behavioral, or physiological symptoms accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A diagnosis of past year **anorexia nervosa** reflects a refusal to maintain a minimally normal body weight for one's age and height accompanied by an intense fear of gaining weight and a distorted perception of one's body weight/shape. **Bulimia nervosa** is diagnosed when there are recurrent episodes (at least twice a week for 3 months) of binge eating followed by extreme compensatory behaviors (e.g., purging or excessive exercise) aimed at preventing weight gain.

Adjustment Disorders. The MHSS clinical study SCID included adjustment disorders which are diagnosed when there is a clinically significant disturbance in the past year, but it does not meet criteria for another Axis I disorder. The emotional or behavioral symptoms associated with adjustment disorders develop in response to an identifiable

stressor(s) and occur within 3 months of the onset of the stressors(s). The symptoms reflect marked distress that is in excess of what would be expected from exposure to the stressor and/or result in significant functional impairment. The symptoms do not represent bereavement and, once the stressor (or consequences of the stressor) has terminated, the symptoms do not persist for more than an additional 6 months. Given that adjustment disorders cannot be diagnosed if the stress-related disturbance meets criteria for another DSM-IV-TR disorder, the assessment was left until the end and was completed as the capstone SCID assessment for capturing current clinically significant symptoms reported by the respondent that were not accounted for by other diagnoses.

A past year diagnosis of **intermittent explosive disorder** requires several separate episodes in which uncontrolled aggressive impulses result in serious assault or destruction of property in which the degree of aggressiveness is grossly out of proportion to the situation. These aggressive episodes are not due to the physiological effects of a substance, a general medical condition, or other mental disorders.

In addition to these disorders, the MHSS clinical study also included a **psychotic symptoms** screening module in the clinical interview. The module included detailed assessment of the presence of delusions (fixed false beliefs) to include delusions of reference, persecutory delusions, grandiose delusions, and somatic delusions as well as auditory, visual, and tactile hallucinations (sensory experiences not based in reality). Clinical interviewers were trained to probe thoroughly and document details about the context, frequency, and intensity of any potential psychotic symptoms as well as to ask for evidence of unusual beliefs or experiences. Practice sessions were held during interviewer training to give clinical interviewers experience with asking questions that would allow them to differentiate between delusions and overvalued ideas and between hallucinations and illusions. All clinical interviews of individuals who endorsed psychotic symptoms were flagged by MHSS clinical study supervisors for secondary review and accuracy determinations with the Substance Abuse and Mental Health Services Administration and National Institute of Mental Health staff to reduce occurrences of false positive symptom reports. All reviews were restricted to the interviewer's notes and audio recordings, when available, of the clinical interview session. Respondents were not recontacted after the interview session.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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